

Fill in this information to identify the caseDebtor name **Forest Park Medical Center, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number **16-40302**
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Disbursement Account (overdrawn)</u>	<u>Checking account</u>	<u>4 0 0 2</u>	<u>\$0.00</u>
3.2. <u>Receivables account</u>	<u>Checking account</u>	<u>1 6 9 2</u>	<u>\$322.40</u>
3.3. <u>Restricted MMA account</u>	<u></u>	<u>4 0 3 5</u>	<u>\$0.00</u>

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$322.40**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Debtor **Forest Park Medical Center, LLC**
NameCase number (if known) **16-40302****16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Inventory (valued at 50% of book)		\$685,293.00		\$342,600.00

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$342,600.00**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00

Debtor **Forest Park Medical Center, LLC**

Name

Case number (if known) **16-40302****34. Is the debtor a member of an agricultural cooperative?**

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
See attached list			Unknown
40. Office fixtures			
See attached list			Unknown
41. Office equipment, including all computer equipment and communication systems equipment and software			
See attached list			Unknown
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$0.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Debtor **Forest Park Medical Center, LLC**
NameCase number (if known) **16-40302****General description**Include year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)**Net book value of
debtor's interest**
(Where available)**Valuation method
used for current value****Current value of
debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles****48. Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)****See attached list (value indicated includes all
other categories of tangible personal property) -
value is estimated going concern value****estimate****\$12,000,000.00****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$12,000,000.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐
- No
-
- ☒
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒
- No
-
- ☐
- Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐
- No. Go to Part 10.
-
- ☒
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**Description and location of property**Include street address or other description
such as Assessor Parcel Number (APN),
and type of property (for example,
acreage, factory, warehouse, apartment or
office building), if available.**Nature and extent
of debtor's interest
in property****Net book value of
debtor's interest**
(Where available)**Valuation method
used for current
value****Current value of
debtor's interest****55.1. 11990 N. CENTRAL EXPRESSWAY
DALLAS, TX 75243****Hospital Lease****Leashold****Unknown****56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒
- No
-
- ☐
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒
- No
-
- ☐
- Yes

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Number	Description	Class	Asset Type	Dept	Status
000144	8- Computers	COMPUTERS		01.7420	ACTIVE
000143	1- USB Flash Drive	COMPUTERS		01.7760	ACTIVE
000163	Network Equipment Installation	COMPUTERS		01.7760	ACTIVE
000164	Server Installation	COMPUTERS		01.7760	ACTIVE
000165	Equipment Transportation	COMPUTERS		01.7760	ACTIVE
000166	Cisco ASA 5505 Installation	COMPUTERS		01.7760	ACTIVE
000167	BCM Expansion - Addl Module & Stations	COMPUTERS		01.7760	ACTIVE
000168	Network Expansion	COMPUTERS		01.7760	ACTIVE
000661	VOSTRO2200 MINI-TOWER W/MONITOR	COMPUTERS		01.7760	ACTIVE
000556	MAC 3500/MAC 5500 GE MED SYS	COMPUTERS	COMPTERM	01.7100	RETIRED
000551	5 LABEL PRINTERS (3 LAB, 2 PHARMACY)	COMPUTERS	PRINTER	01.7500	ACTIVE
000552	COMPUTER	COMPUTERS	COMPTERM	01.7760	ACTIVE
000553	COMPUTER OFFICE 2007 19 LICENSE	COMPUTERS	COMPSOFT	01.7760	ACTIVE
000554	16 COMPUTERS DELL	COMPUTERS	COMPTERM	01.7760	ACTIVE
000555	DELL LAPTOP SI NGUYEN	COMPUTERS	COMPMINI	01.7760	ACTIVE
000660	VOSTRO220 TOWER W/MONITOR	COMPUTERS		01.7760	ACTIVE
000722	1 DELL M4092X DLP PROJECTOR	COMPUTERS	PROJECT	01.7800	ACTIVE
000699	1 DELL COMPUTER LATITUDE E5500, INTEL CORE 2 DUO T7250, 2.00GHz	COMPUTERS	COMPMICRO	01.7760	ACTIVE
000761	1 VOSTRO 220 MINI-TOWER	COMPUTERS		01.7720	ACTIVE
000700	HOSPITAL WIRELESS SYSTEM	COMPUTERS		01.7760	ACTIVE
000720	5 - MINI-TOWERS, 5 20 FLAT PANEL, PTIPLEX, PRECISION"	COMPUTERS	COMPTERM	01.7720	ACTIVE
000738	MILLIMAN BUILDING CONNECTION TO HOSPITAL WIRELESS	COMPUTERS		01.7760	RETIRED
000745	1 CISCO 1841 SECURITY BNDL ADV SECURITY, CISCO SWCH 24PT	COMPUTERS		01.7760	ACTIVE
000737	RELOCATE MEDITECH SERVERS	COMPUTERS		01.7760	ACTIVE
000739	2 - X EPSON SCANNERS	COMPUTERS		01.7760	ACTIVE
000760	1 VOSTRO 220 MINI-TOWER	COMPUTERS		01.7720	ACTIVE
000799	1 RIGHTFAX BUSINESS SERVER	COMPUTERS		01.7760	ACTIVE
000800	7 CUMPUTERS - 3 IN OR, 3 IN PRE-OP AND 1 IN PACU	COMPUTERS	COMPTERM	01.7420	ACTIVE
000801	1VOSTRO 220 MINI-TOWER (PHYSICIAN'S LOUNGE)	COMPUTERS	COMPTERM	01.7760	ACTIVE
000819	2 VOSTRO 220 MINI-TOWER	COMPUTERS	COMPMINI	01.7770	ACTIVE
000820	NORTEL 8-PORT ANALOG STATION MODULE	COMPUTERS	PHONESYS	01.7760	ACTIVE
000845	PURCHASE OF VIBRANT LAPTOP	COMPUTERS		01.7845	RETIRED
000837	1 VOSTRO 220 MINIT-TOWER	COMPUTERS	COMPTERM	01.7500	ACTIVE
000841	1 VOSTRO 220 MINI-TOWER	COMPUTERS	COMPTERM	01.7750	ACTIVE
000843	4 VOSTRO 220 MINI-TOWERS	COMPUTERS		01.7720	ACTIVE
000861	2 VOSTRO 220 MINI-TOWER COMPUTERS	COMPUTERS	COMPTERM	01.7860	ACTIVE
000917	1 DELL POWER EDGE R710 SERVER & 20 USER LICENSES	COMPUTERS	COMPTERM	01.7760	ACTIVE

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000876 1 DELL LATITUDE E6500 LAPTOP	COMPUTERS		01.7800 ACTIVE
000905 1 APPLE IPAD (DR. TOUSSAINT)	COMPUTERS	COMPMINI	01.7800 ACTIVE
000920 MCKESSON PACS EQUIPMENT-DISPLAY SYSTEM:SINGLE BARCO NIO 4MP COLO	COMPUTERS		01.7550 ACTIVE
000921 MCKESSON PACS EQUIPMENT-TECHNOLOGIST RAD CASE VIEWING STATION	COMPUTERS		01.7550 ACTIVE
000922 MCKESSON PACS EQUIPMENT-USB DOCUMENT SCANNER WITH CABLES	COMPUTERS		01.7550 ACTIVE
000923 MCKESSON PACS EQUIPMENT-3RD PARTY CALIBRATION SOFTWARE & TOOL	COMPUTERS		01.7550 ACTIVE
000924 MCKESSON PACS EQUIPMENT- INTEGRATED SERVER(HORIZON),VOICECLIPS	COMPUTERS		01.7550 ACTIVE
000925 MCKESSON PACS EQUIPMENT-NETWORK ATTACHED STORAGE-3.789 GB - SATA	COMPUTERS		01.7550 ACTIVE
000926 MCKESSON PACS EQUIPMENT-HORIZON MEDICAL IMAGING TEST SERVER HP	COMPUTERS		01.7550 ACTIVE
000927 MCKESSON RADIOLOGY OFFICE PACS INSTALLATION&PROFESSIONAL SERVICE	COMPUTERS		01.7550 ACTIVE
000972 MCKESSON PACS EQUIPMENT-HORIZON MEDICAL IMAGING	COMPUTERS		01.7550 ACTIVE
000973 MCKESSON PACS PROF SERVICES-NUANCE PROJECT MGMT FEES & IMPLEMENT	COMPUTERS		01.7550 ACTIVE
000915 1 LATITUDE E6510 NOTEBOOK	COMPUTERS		01.7750 ACTIVE
000969 1 TECHNOLOGIST RAD CASE VIEWING STATION W/20MONITOR & VOICE CLI"	COMPUTERS		01.7550 ACTIVE
000970 1 TECHNOLOGIST RAD CASE VIEWING STATION W/20MONITOR & VOICE CLI"	COMPUTERS		01.7550 ACTIVE
001286 1 LATITUDE E6500, INTEL CORE 2 D LAPTOP	COMPUTERS		01.7750 ACTIVE
001273 1 SERVER FOR EFORMS	COMPUTERS	COMPTERM	01.7760 ACTIVE
001313 1 LATITUDE E6510 NOTEBOOK & 22 INCH FLAT PANEL DISPLAY	COMPUTERS		01.7820 ACTIVE
001312 1 VOSTRO 3700 LAPTOP	COMPUTERS		01.7420 ACTIVE
001314 PERIOPERATIVE INFORMATION MGMT SYSTEM	COMPUTERS		01.7760 ACTIVE
001328 1 PV MD3200i,RKMNT,iSCSI, 12 BAY DUAL CONTROLLER (ACUITEC)	COMPUTERS		01.7760 ACTIVE
001332 1 LATITUDE E5520 LAPTOP	COMPUTERS		01.7800 ACTIVE
001346 1 MOBILE PRECISION M6500 (LAPTOP FOR REFERRAL SERVICES)	COMPUTERS		01.7840 ACTIVE
001347 1 MOBILE PRECISION M6500 & E/PORT(LAPTOP/PORT REPLICATOR-SHARED)	COMPUTERS		01.7820 ACTIVE
001373 10 OPTI 160, SC TINY DESTOP & 10 DELL 31912H,18.5-INCH MONITORS	COMPUTERS		01.7760 ACTIVE
001382 5 VOSTRO 230 SLIM-TOWERS	COMPUTERS		01.7760 ACTIVE
001848 1 VOSTRO 260 SLIMTOWER & MONITOR	COMPUTERS		01.7840 ACTIVE
001849 1 VOSTRO 260 SLIMTOWER & MONITOR	COMPUTERS		01.7840 ACTIVE
001850 1 VOSTRO 260 SLIMTOWER & MONITOR	COMPUTERS		01.7840 ACTIVE
002258 POWEREDGE R410 STORAGE SERVER	COMPUTERS		01.7760 ACTIVE
002342 POWER EDGE R410 CHASSIS	COMPUTERS		01.7660 ACTIVE
002343 5 DELL VOSTRO SLIM TOWERS	COMPUTERS		01.7720 ACTIVE
002344 1 DELL LATTITUDE E 5520	COMPUTERS		01.7720 ACTIVE
002399 KODAK TRUPER 3210 FB SLR DUPL 90PPM, SCANNER	COMPUTERS		01.7730 ACTIVE
002400 KODAK TRUPER 3210 FB SLR DUPL 90PPM, SCANNER	COMPUTERS		01.7730 ACTIVE
002395 DELL E SERIES E2011H, VOSTRO 260 SLIMTOWER	COMPUTERS	COMPDISK	01.7750 ACTIVE
002410 (10)AVAYA SPECTRALINK 6140 PHONE W/DUAL CHARGER & DUAL BATTERY	COMPUTERS		01.7760 ACTIVE
002433 VOSTRO 260, COMPUTER FOR STAFF ACCOUNTANT	COMPUTERS		01.7750 ACTIVE

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002437 TV FOR MOB PAVILLION BREAKROOM	COMPUTERS	01.7750 ACTIVE
002429 SERVER FOR CODERS, POWER EDGE R410	COMPUTERS	01.7760 ACTIVE
002430 KVM, IBM SERVERS, IT	COMPUTERS	01.7760 ACTIVE
002431 PHONE SYSTEM PHASE 3	COMPUTERS	01.7760 ACTIVE
002450 AVAYA SWITCH	COMPUTERS	01.7760 ACTIVE
002458 ACCESS CONTROL EQUIPMENT	COMPUTERS	01.7760 ACTIVE
002465 LOW VOLTAGE CHARGES	COMPUTERS	01.7760 ACTIVE
002467 FAT PIPE	COMPUTERS	01.7760 ACTIVE
002428 DELL LATITUDE E5520, CONTROLLER LAPTOP	COMPUTERS	01.7800 ACTIVE
002466 TVS FOR STAFF LOUNGE	COMPUTERS	01.7800 ACTIVE
002509 DELL LATITUDE E5520	COMPUTERS	01.7800 ACTIVE
002522 DELL LATITUDE E6520 (IT DIRECTOR)	COMPUTERS	COMPTERM 01.7760 ACTIVE
002524 LAPTOP CORPORATE CONTROLLER (DELL LATITUDE E5520)	COMPUTERS	01.7820 ACTIVE
002523 PHYS BADGE PRINTER (P330I PRINTER)	COMPUTERS	PRINTER 01.7830 ACTIVE
002541 CMS FACILITIES, PE R510 CHASSIS, INTEL XEON E5620 2.4GHZ	COMPUTERS	01.7690 ACTIVE
002543 ACEAPS WAVE 2 SERVER, PE R610	COMPUTERS	01.7760 ACTIVE
002545 DELL LATITUDE E6520,LAPTOP FOR CNO	COMPUTERS	01.7760 ACTIVE
002551 15 DELL E SERIES E231	COMPUTERS	01.7820 ACTIVE
002547 DELL LATITUDE E5420, WIRELESS DESKTOP KEYBOARD AND MOUSE	COMPUTERS	01.7845 ACTIVE
002559 DELL COMPUTER	COMPUTERS	01.7760 ACTIVE
002560 AVAYA NETWORK SWITCH	COMPUTERS	01.7760 ACTIVE
002561 10 PHONES/NETWORK SWITCH	COMPUTERS	PHONESYS 01.7760 ACTIVE
002584 DELL OPTIPLEX 390 COMPUTER	COMPUTERS	COMPMINI 01.7300 ACTIVE
002583 BLACK SCANNER KIT/ETHERNET	COMPUTERS	COMPCLIN 01.7500 ACTIVE
002586 DELL OPTIPLEX 390	COMPUTERS	COMPMINI 01.7500 ACTIVE
002582 HW-10 MOBILE COMPUTER KIT	COMPUTERS	COMPMINI 01.7690 ACTIVE
002592 DELL OPTIPLEX 390	COMPUTERS	COMPMINI 01.7690 ACTIVE
002568 DELL LATITUDE E5420 COMPUTER	COMPUTERS	COMPDISK 01.7760 ACTIVE
002587 DELL LATITUDE E5430	COMPUTERS	COMPMINI 01.7760 ACTIVE
002589 NETWORK PERFORMANCE MONITOR SL2000	COMPUTERS	VIDEOMON 01.7760 ACTIVE
002593 DELL LATITUDE E6520	COMPUTERS	COMPMINI 01.7760 ACTIVE
002585 DELL LATITUDE E5430	COMPUTERS	COMPMINI 01.7800 ACTIVE
002588 DELL LATITUDE E5430	COMPUTERS	COMPMINI 01.7820 ACTIVE
002603 2 DELL LATITUDE E5430	COMPUTERS	COMPMICRO 01.7420 ACTIVE
002602 2 OPTIPLEX 9010 SMALL FORM	COMPUTERS	COMPMICRO 01.7760 ACTIVE
002599 DELL OPTIPLEX 390	COMPUTERS	COMPMICRO 01.7820 ACTIVE
002604 5 HP SB 300GB SERVERS	COMPUTERS	COMPLRG 01.7820 ACTIVE
002606 2 CITRIX NETSCALER/6 HP SERVERS	COMPUTERS	COMPLRG 01.7820 ACTIVE

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002601 DELL LATITUDE E6530	COMPUTERS	COMPMICRO	01.7900 ACTIVE
002634 DELL LATITUDE E6530	COMPUTERS	COMPMINI	01.7820 ACTIVE
002651 DELL LATITUDE E5430	COMPUTERS	COMPMICRO	01.7100 ACTIVE
002650 DELL LATITUDE E6330	COMPUTERS	COMPMICRO	01.7420 ACTIVE
002652 DELL LATITUDE E5520	COMPUTERS	COMPMICRO	01.7820 ACTIVE
002662 CERTEGRA WORKSTATION DISPLAY MONITOR	COMPUTERS	VIDEOMON	01.7570 ACTIVE
002664 BACKUP TAPE STORAGE LIBRARY	COMPUTERS	COMPDISK	01.7760 ACTIVE
002665 2- SYM NETBACKUP 5220	COMPUTERS	COMPLRG	01.7760 ACTIVE
002666 CYM NETBACKUP 5220	COMPUTERS	COMPLRG	01.7760 ACTIVE
002669 SYM NET BACKUP 5220	COMPUTERS	COMPLRG	01.7760 ACTIVE
002680 NETWORK SWITCH & PHONES	COMPUTERS	COMPLRG	01.7800 ACTIVE
002720 WIRELESS INSTALL OF NORTH BLDG	COMPUTERS	COMPLRG	01.7760 ACTIVE
002719 KODAK TRUPER 3210 FB	COMPUTERS	PRINTER	01.7820 ACTIVE
003054 ETHERNET ROUTING SWITCH 5632FD	COMPUTERS	COMPLRG	01.7760 ACTIVE
003055 ETHERNET ROUTING SWITCH 5632FD	COMPUTERS	COMPLRG	01.7760 ACTIVE
003056 AVAYA 45xx SERIES NETWORK SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003057 AVAYA 45xx SERIES NETWORK SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003058 AVAYA 45xx SERIES NETWORK SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003059 AVAYA 45xx SERIES NETWORK SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003060 AVAYA 4548 GT-PWR POE SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003061 AVAYA 4548 GT-PWR POE SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003062 AVAYA 4548 GT-PWR POE SWITCH	COMPUTERS	COMPLRG	01.7760 ACTIVE
003064 AVAYA 4548GT-PWR	COMPUTERS	COMPLRG	01.7760 ACTIVE
003065 AVAYA 4548GT-PWR	COMPUTERS	COMPLRG	01.7760 ACTIVE
003066 AVAYA 4548GT-PWR	COMPUTERS	COMPLRG	01.7760 ACTIVE
003067 AVAYA 4548GT-PWR	COMPUTERS	COMPLRG	01.7760 ACTIVE
003068 AVAYA 4524GT-PWR	COMPUTERS	COMPLRG	01.7760 ACTIVE
003069 AVAYA 4524GT-PWR	COMPUTERS	COMPLRG	01.7760 ACTIVE
003070 EATON UPS	COMPUTERS	COMPLRG	01.7760 ACTIVE
003071 EATON UPS	COMPUTERS	COMPLRG	01.7760 ACTIVE
003072 POST RACK MOUNT KIT	COMPUTERS	COMPLRG	01.7760 ACTIVE
003073 POST RACK MOUNT KIT	COMPUTERS	COMPLRG	01.7760 ACTIVE
003074 ARUBA 3600 REDUNDANT CONTROLLER	COMPUTERS	COMPLRG	01.7760 ACTIVE
003075 INSTALL 72 STRAND 50 MICRON FIBER/24 STRAND 50 MICRON FIBER	COMPUTERS	COMPLRG	01.7760 ACTIVE
003116 WAP CABLE INSTALL (WIFI) DALLAS	COMPUTERS		01.7760 ACTIVE
003117 DALLAS WIRELESS PROJECT	COMPUTERS		01.7760 ACTIVE
003126 NETWORK SWITCH AND AP INSTALLATION FOR NEW IT SUITE	COMPUTERS		01.7760 ACTIVE
002605 1 HP SB DL380G7 SERVER	COMPUTERS	COMPLRG	01.7820 ACTIVE

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000824 OLYMPUS VIDEO PROCESSING EQUIP LEASE#ML 012209-7A	FIXED EQUIP		01.7500 ACTIVE
000831 HOSPITAL BUILDING PHASE 1	FIXED EQUIP		01.7800 RETIRED
000827 GE PRECISION 500D DIGITAL R & F SYSTEM LEASE# 8418908-001	FIXED EQUIP		01.7550 ACTIVE
000826 GE GOLD SEAL EXCITE 1.5 ECHOSPEAD FIXED MRI LEASE#8418902-001	FIXED EQUIP	MRIEQUIP	01.7580 ACTIVE
000825 OLYMPUS SURG EQUIP LSE#ML 030409-5A AMEND#1	FIXED EQUIP		01.7420 RETIRED
000828 GE OEC 9900 ELITE DIGITAL MOBILE STD C-ARM ESP LEASE#8424933-001	FIXED EQUIP		01.7550 ACTIVE
000829 OLYMPUS SURG EQUIP LSE#ML030409-5A AMEND#2	FIXED EQUIP		01.7420 RETIRED
000830 OLYMPUS SURG EQUIP LSE#ML030409-5A AMEND#3	FIXED EQUIP		01.7420 RETIRED
001288 FOREST PARK MEDICAL CENTER PHASE III-CIVIL AND PARKING GARAGE	FIXED EQUIP		01.7920 RETIRED
001318 PAPERLESS REGISTRATION & SINATURE PAD SERVER	FIXED EQUIP		01.7720 ACTIVE
001320 1 BACK OFFICE SCANNING SERVER, 3 WORKSTATIONS, 10 WORKFLOW AUTOM	FIXED EQUIP		01.7720 ACTIVE
001317 1 PORTAL PLATFORM, 1 PORTAL DATA DRIVER, 1 PHYSICIAN PORTAL	FIXED EQUIP		01.7730 ACTIVE
001319 1 SERVER, UNLIMITED SCANNING, RECORDS INDEXING, CODING, COMPLETI	FIXED EQUIP		01.7730 ACTIVE
001316 1 SERVER FOR MEDITECH CLIENT SERVER W/O ODA	FIXED EQUIP		01.7760 ACTIVE
001321 2 ONBASE IMAGING SERVER HARDWARE & LICENSES	FIXED EQUIP		01.7760 ACTIVE
001377 1 OEC 9900 ELITE DIGITAL MOBILE STANDARD C-ARM ESP	FIXED EQUIP		01.7550 ACTIVE
001378 1 OEC 9900 ELITE DIGITAL MOBILE STANDARD C-ARM ESP	FIXED EQUIP		01.7550 ACTIVE
002262 HOSPITAL BUILDING PHASE III	FIXED EQUIP		01.7800 RETIRED
002348 BUCANEER AMEND 1 ASSET ADDS BFG1105	FIXED EQUIP		01.7760 ACTIVE
002521 BUCANEER LEASE BFG1106	FIXED EQUIP		01.7800 ACTIVE
002657 OLYMPUS SURGICAL INSTR #0012766	FIXED EQUIP	SURGINSTR	01.7420 ACTIVE
001375 ACUI TEC LLC END-USER SOFTWARE LICENSE (BUCCANEER)	FIXED EQUIP		01.7760 ACTIVE
001376 ACUI TEC LLC END-USER SOFTWARE LICENSE (BUCCANEER)	FIXED EQUIP		01.7760 ACTIVE
001391 ACUI TEC LLC END-USER SOFTWARE LICENSE (BUCCANEER)	FIXED EQUIP		01.7760 ACTIVE
001851 ACUI TEC LLC END-USER SOFTWARE LICENSE (BUCCANEER)	FIXED EQUIP		01.7760 ACTIVE
001670 2 PKG, 5MM MULTI-FUNCTION PEEK HANDLES & 2 PKG DEBANEY FORCEPS	FRISCO		01.7420 ACTIVE
001671 1 5MM BARIATRIC SCOPE, ADAPTER, ADAPTER RIGHT ANGLE & TRAY	FRISCO	LAPAR	01.7420 ACTIVE
001672 1 5MM BARIATRIC SCOPE, ADAPTER, ADAPTER RIGHT ANGLE & TRAY	FRISCO	LAPAR	01.7420 ACTIVE
001380 NEURO CRANIAL TRAY/FRISCO DOC	FRISCO		01.7420 ACTIVE
001381 NEURO BASIC SET/FRISCO	FRISCO		01.7420 ACTIVE
002346 RHINOPLASTY INSTRUMENT SET SSK	FRISCO		01.7420 ACTIVE
002347 RHINOPLASTY INSTRUMENT SET SSK	FRISCO		01.7420 ACTIVE
002345 KOVEN SURGICAL PROBE EQUIP	FRISCO		01.7420 ACTIVE
002415 INSTRUMENTS FOR BRAIN BIOPSY	FRISCO		01.7420 ACTIVE
002419 VARIOUS INTSTRUMENTS	FRISCO		01.7420 ACTIVE
002420 BARIATRIC LAB SET	FRISCO		01.7420 ACTIVE
002427 8 SETS FORCEPS & VARIOUS INSTRUMENTS	FRISCO		01.7420 ACTIVE
002445 DESMARRES LID RTR 13MMX14CM INSULATED	FRISCO		01.7420 ACTIVE

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000381 South East Driveway Expansion	LAND IMP	01.7800 ACTIVE
000015 24- Retrospect Sleep Sofa	LEASED EQUIP	01.7100 ACTIVE
000105 Cabling for OR Nurse Call Pedal	LEASED EQUIP	01.7100 RETIRED
000112 Nurse Call System	LEASED EQUIP	01.7100 RETIRED
000124 30- Phones for Patient Rooms	LEASED EQUIP	01.7100 RETIRED
000001 12- Illuminators/viewboxes	LEASED EQUIP	01.7420 ACTIVE
000044 ENT Navigation Sys, Image-Guided Surgery	LEASED EQUIP	01.7420 ACTIVE
000045 9- CardioCap5/ Surgical Monitors	LEASED EQUIP	01.7420 ACTIVE
000046 14-Cardiocap ECG	LEASED EQUIP	01.7420 ACTIVE
000049 Ophthalmoscope & Otoscope Heads	LEASED EQUIP	01.7420 ACTIVE
000052 1- ECG/Stress Test	LEASED EQUIP	01.7420 ACTIVE
000053 4- Symphony Ice Machines	LEASED EQUIP	01.7420 ACTIVE
000054 2- Mobile C-Arm	LEASED EQUIP	01.7420 ACTIVE
000055 da Vinci Surgical System	LEASED EQUIP	01.7420 ACTIVE
000056 da Vinci System Accessories/ Upgrades, Instruments	LEASED EQUIP	01.7420 ACTIVE
000059 Video Laryngoscope	LEASED EQUIP	01.7420 ACTIVE
000060 1- LMA C-Trach Kit	LEASED EQUIP	01.7420 ACTIVE
000061 9- Nerve Stimulators	LEASED EQUIP	01.7420 ACTIVE
000062 1- Jackson Surgical Table	LEASED EQUIP	01.7420 ACTIVE
000063 1- Axis Surgical Tables	LEASED EQUIP	01.7420 ACTIVE
000064 1- Jackson Tables	LEASED EQUIP	01.7420 ACTIVE
000065 2- Working Platforms, 9- Step Stands	LEASED EQUIP	01.7420 ACTIVE
000066 2 Demo Phillips C-Arms	LEASED EQUIP	01.7420 ACTIVE
000067 PACS- PCR Eleva S	LEASED EQUIP	01.7420 ACTIVE
000068 8 Scrub Sinks	LEASED EQUIP	01.7420 ACTIVE
000069 Mobile X-Ray System	LEASED EQUIP	01.7420 ACTIVE
000070 1 Telemetry Monitoring System	LEASED EQUIP	01.7420 ACTIVE
000071 2-Steam Washer, 8- Sterilizers	LEASED EQUIP	01.7420 ACTIVE
000072 8 Surgical Tables	LEASED EQUIP	01.7420 ACTIVE
000073 Instruments - Gastric	LEASED EQUIP	01.7420 ACTIVE
000074 Pediatric Laryngoscopy	LEASED EQUIP	01.7420 ACTIVE
000075 Lens, 18- Telescopes	LEASED EQUIP	01.7420 ACTIVE
000076 Tympanoplasty Set -Ear	LEASED EQUIP	01.7420 ACTIVE
000077 Pedi Bronch Set	LEASED EQUIP	01.7420 ACTIVE
000078 Adult Laryngoscopy	LEASED EQUIP	01.7420 ACTIVE
000079 FESS Instruments- Nasal	LEASED EQUIP	01.7420 ACTIVE
000080 Adult Bronch Set	LEASED EQUIP	01.7420 ACTIVE
000081 Lap Long Instruments	LEASED EQUIP	01.7420 ACTIVE

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000082 Lap Standard Instruments	LEASED EQUIP	01.7420 ACTIVE
000083 Gyn Instruments	LEASED EQUIP	01.7420 ACTIVE
000084 8- Image 1 CCU with SDI/HD- Gyn	LEASED EQUIP	01.7420 ACTIVE
000085 16- HD Flat Panel	LEASED EQUIP	01.7420 ACTIVE
000086 8- Thermoflator Kit	LEASED EQUIP	01.7420 ACTIVE
000087 16-Image HD Camera Head	LEASED EQUIP	01.7420 ACTIVE
000088 8- Xenon Light Source	LEASED EQUIP	01.7420 ACTIVE
000089 8- Aida DVD-M Smart Screen	LEASED EQUIP	01.7420 ACTIVE
000090 8- HP Desktop Printer	LEASED EQUIP	01.7420 ACTIVE
000091 Instruments for Nav Sys- Hip/Knee	LEASED EQUIP	01.7420 ACTIVE
000092 Booms- Router, Flat Panel, Tandem Kits	LEASED EQUIP	01.7420 ACTIVE
000093 Drills & Accessories	LEASED EQUIP	01.7420 ACTIVE
000094 Tips	LEASED EQUIP	01.7420 ACTIVE
000095 Electrodes	LEASED EQUIP	01.7420 ACTIVE
000096 Image Guided Surg - Nav II Cart	LEASED EQUIP	01.7420 ACTIVE
000097 Furniture, Patient Beds, Etc., Stretchers/Recliners	LEASED EQUIP	01.7420 ACTIVE
000098 Triathlon Instruments Sets	LEASED EQUIP	01.7420 ACTIVE
000099 8- Scopes/1- Cabinet	LEASED EQUIP	01.7420 ACTIVE
000100 3- Lead Apron Racks	LEASED EQUIP	01.7420 RETIRED
000102 4- Aspirators, Portable Units	LEASED EQUIP	01.7420 RETIRED
000109 13- Stethoscopes, Pediatric Scale, 5- Glucose Monitor	LEASED EQUIP	01.7420 RETIRED
000110 9 Patient Transfer devices	LEASED EQUIP	01.7420 RETIRED
000047 9 Anesthesia Machines	LEASED EQUIP	01.7440 ACTIVE
000048 6 Anesthesia Light Monitors	LEASED EQUIP	01.7440 ACTIVE
000050 1- Refrigerator/Freezer	LEASED EQUIP	01.7500 ACTIVE
000051 6- Refrigerators, 3- Disposers, 2- Microwave Ovens	LEASED EQUIP	01.7500 ACTIVE
000118 Drypro 832 Laser Imager- Radiology	LEASED EQUIP	01.7550 RETIRED
000011 1- Guest Chair for MRI room	LEASED EQUIP	01.7580 ACTIVE
000101 Unload GE MRI from carrier	LEASED EQUIP	01.7580 RETIRED
000106 Additional cabling requirements	LEASED EQUIP	01.7690 RETIRED
000107 Cable Sale & Installation	LEASED EQUIP	01.7690 RETIRED
000103 AP Check Printer	LEASED EQUIP	01.7750 RETIRED
000104 MS Office Pro Plus	LEASED EQUIP	01.7760 RETIRED
000108 Dell Projector for use w/Laptops	LEASED EQUIP	01.7760 RETIRED
000119 Meditech Software	LEASED EQUIP	01.7760 RETIRED
000120 Meditech File Servers	LEASED EQUIP	01.7760 RETIRED
000121 OPTIPLEX 33 Dell Computer	LEASED EQUIP	01.7760 RETIRED
000125 Cisco Router	LEASED EQUIP	01.7760 RETIRED

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000126 10- Dell Vostro Mini Towers	LEASED EQUIP	01.7760 RETIRED
000127 2- Dell Laptops	LEASED EQUIP	01.7760 RETIRED
000128 5- Dell Vostro Mini Towers	LEASED EQUIP	01.7760 RETIRED
000129 Powerware Rack-Mounting	LEASED EQUIP	01.7760 RETIRED
000130 Powerware	LEASED EQUIP	01.7760 RETIRED
000131 46- Dell Vostro 220 Mini Towers	LEASED EQUIP	01.7760 RETIRED
000132 Dell Vostro 1510 Laptop	LEASED EQUIP	01.7760 RETIRED
000133 2- Dell Dual Core Xeon Processor (Server)	LEASED EQUIP	01.7760 RETIRED
000134 Network Installation (Cisco, Nortel Switch & Modules)	LEASED EQUIP	01.7760 RETIRED
000135 Powerware & Distribution Module	LEASED EQUIP	01.7760 RETIRED
000136 Web VPN Access License	LEASED EQUIP	01.7760 RETIRED
000137 Telephone System, 22 Telephones/Cable	LEASED EQUIP	01.7760 RETIRED
000138 24- Nortel Telephones	LEASED EQUIP	01.7760 RETIRED
000139 Nortel BCM450 Telephone System	LEASED EQUIP	01.7760 RETIRED
000140 Computer Equipment, DELL Computers	LEASED EQUIP	01.7760 RETIRED
000141 DELL Computer Laptops & Equip	LEASED EQUIP	01.7760 RETIRED
000142 DELL Laptop purchase	LEASED EQUIP	01.7760 RETIRED
000002 4 Turnstone Tables	LEASED EQUIP	01.7800 ACTIVE
000003 41- Wall Clocks	LEASED EQUIP	01.7800 ACTIVE
000004 1 - Twin Mattress, Platform Bed	LEASED EQUIP	01.7800 ACTIVE
000005 39 - Chair -Amia,Desk - Indigo	LEASED EQUIP	01.7800 ACTIVE
000006 11 - Chair -Amia, Desk - Silver	LEASED EQUIP	01.7800 ACTIVE
000007 27 - Chair- Amia, Desk- Grey	LEASED EQUIP	01.7800 ACTIVE
000008 15 - Chair - Think - w/ Arms, Black	LEASED EQUIP	01.7800 ACTIVE
000009 2- Stool-Amia - Black	LEASED EQUIP	01.7800 ACTIVE
000010 10 - Coronado, Open Arm Bariatric Chair	LEASED EQUIP	01.7800 ACTIVE
000012 55- Carolina Lounge Chair	LEASED EQUIP	01.7800 ACTIVE
000013 4- Bernhardt Lounge Chair, Armless	LEASED EQUIP	01.7800 ACTIVE
000014 3- Lounge Chair, Moisture Barrier - Smoke	LEASED EQUIP	01.7800 ACTIVE
000016 1- Custom booth - Brown	LEASED EQUIP	01.7800 ACTIVE
000018 14- Half Round Tabletop Ottoman	LEASED EQUIP	01.7800 ACTIVE
000019 2- Midway Bariatric Chair	LEASED EQUIP	01.7800 ACTIVE
000020 2- Midway Chair	LEASED EQUIP	01.7800 ACTIVE
000021 2-Three Seater, half arms - Black	LEASED EQUIP	01.7800 ACTIVE
000022 14- Dining Tables	LEASED EQUIP	01.7800 ACTIVE
000023 5- Outdoor Umbrella, base, table	LEASED EQUIP	01.7800 ACTIVE
000024 21- Square Table, Aluminum	LEASED EQUIP	01.7800 ACTIVE
000025 33- Task Lights	LEASED EQUIP	01.7800 ACTIVE

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000026 1- Visual Board	LEASED EQUIP	01.7800 ACTIVE
000027 11- 4 drawer lateral files	LEASED EQUIP	01.7800 ACTIVE
000028 26- Pencil Drawers	LEASED EQUIP	01.7800 ACTIVE
000029 6- Guest Brio	LEASED EQUIP	01.7800 ACTIVE
000030 2- Bookcase	LEASED EQUIP	01.7800 ACTIVE
000031 18-Desks	LEASED EQUIP	01.7800 ACTIVE
000032 29- Modular Cabinet	LEASED EQUIP	01.7800 ACTIVE
000033 5- End Table/Conference Table	LEASED EQUIP	01.7800 ACTIVE
000034 5- Knee Space Credenza	LEASED EQUIP	01.7800 ACTIVE
000035 17- Organizers, Pulse	LEASED EQUIP	01.7800 ACTIVE
000036 91- Stack Chairs - Black	LEASED EQUIP	01.7800 ACTIVE
000037 34- Bariatric Stack Chairs - Black	LEASED EQUIP	01.7800 ACTIVE
000038 19- Tackboards	LEASED EQUIP	01.7800 ACTIVE
000039 3- Bar Stool, half back, armless	LEASED EQUIP	01.7800 ACTIVE
000040 16- Stacking Seat, wood back, armless	LEASED EQUIP	01.7800 ACTIVE
000041 Miscellaneous furniture	LEASED EQUIP	01.7800 ACTIVE
000042 9- Drafting Task Chair w/arms	LEASED EQUIP	01.7800 ACTIVE
000043 Turnstone- Worksurfaces/panels	LEASED EQUIP	01.7800 ACTIVE
000057 4- Recliner chairs and round table	LEASED EQUIP	01.7800 ACTIVE
000058 2- table lamps	LEASED EQUIP	01.7800 ACTIVE
000111 Hospital Security Systems	LEASED EQUIP	01.7800 RETIRED
000113 Meditech VPN	LEASED EQUIP	01.7800 RETIRED
000114 Hospital Exterior Signage	LEASED EQUIP	01.7800 RETIRED
000115 Hospital banner & installation	LEASED EQUIP	01.7800 RETIRED
000116 Hospital Interior Signage	LEASED EQUIP	01.7800 RETIRED
000117 Casted Aluminum 8 Letters"	LEASED EQUIP	01.7800 RETIRED
000122 Satellite Radio System	LEASED EQUIP	01.7800 RETIRED
000123 Artwork	LEASED EQUIP	01.7800 RETIRED
000771 VARIOUS B-K MICRO CERV CURETTES,VARIOUS FINE TCH FLAT HDLE, OTH	LEASED EQUIP	01.7420 ACTIVE
000777 4 MALIS GENERATOR SET, 2 MALIS SOLUTION IRRIG SET, 4 CARTS	LEASED EQUIP	01.7420 ACTIVE
000778 VARIOUS PROCEDURE KITS, TUBE SETS, HYSTEROSCOPE INSERT	LEASED EQUIP	01.7420 ACTIVE
000767 1 B-K MICRO CERVICAL STORAGE/STERILIZING CASE	LEASED EQUIP	01.7420 ACTIVE
000776 2 MALIS SOLUTION IRRIGATION MODULE SET	LEASED EQUIP	01.7420 ACTIVE
000768 3 RHOTON SET, CASE AND 19 INSTRUMENTS	LEASED EQUIP	01.7420 ACTIVE
000769 1 B-K MICRO CERVICAL CURETTE, BACKWARD STRAIGHT, 4-0	LEASED EQUIP	01.7420 ACTIVE
000770 3 FINE TOUCH RING TIP FCPS, 3 MIS RONGEUR, MICRO-PITUIATRY	LEASED EQUIP	01.7420 ACTIVE
000765 2 B-K XL MICRO CERVICAL SET OF 24/W 2 CASES	LEASED EQUIP	01.7420 ACTIVE
000172 24- Patient Stretchers/Recliners	LEASED EQUIP	01.7100 ACTIVE

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000221 2- Siderail Bumper Pads for Crib	LEASED EQUIP	01.7100 ACTIVE
000228 10- Overbed Table with Vanity and Mirror	LEASED EQUIP	01.7100 ACTIVE
000240 TV Installation Cables	LEASED EQUIP	01.7100 RETIRED
000267 2- Wall Mounts for TV's	LEASED EQUIP	01.7100 RETIRED
000268 34- Televisions (LCD) & Mounting	LEASED EQUIP	01.7100 RETIRED
000148 4 - Lockable Cassettes, 6- bins	LEASED EQUIP	01.7420 RETIRED
000149 11- Stack Totes, 4 Tote Racks	LEASED EQUIP	01.7420 RETIRED
000150 1- Bidirectional Doppler & Accessories	LEASED EQUIP	01.7420 RETIRED
000153 6- Iron Intern, 6- Retractors, 12-Trays	LEASED EQUIP	01.7420 ACTIVE
000170 28- Bed Locator	LEASED EQUIP	01.7420 ACTIVE
000171 2-Microscopes, Surgical- ENT	LEASED EQUIP	01.7420 ACTIVE
000173 3-System 2450 Cart	LEASED EQUIP	01.7420 ACTIVE
000174 9- Sys 2450 Electrosurgical Units	LEASED EQUIP	01.7420 ACTIVE
000175 10- Oximeter, Pulse	LEASED EQUIP	01.7420 ACTIVE
000176 1- Bariatric Blood Draw Chair	LEASED EQUIP	01.7420 ACTIVE
000177 5- Arterial Infrared Thermometer	LEASED EQUIP	01.7420 ACTIVE
000179 1- Safety Cabinet	LEASED EQUIP	01.7420 ACTIVE
000180 1- Hovermatt Mattress, Heat Sealed	LEASED EQUIP	01.7420 ACTIVE
000181 1- Jet Ventilator	LEASED EQUIP	01.7420 ACTIVE
000182 4- Xenon Lightsource, Headband, Floorstand	LEASED EQUIP	01.7420 ACTIVE
000184 1- Chrome Cart	LEASED EQUIP	01.7420 ACTIVE
000185 1- Jackson Tables	LEASED EQUIP	01.7420 ACTIVE
000187 3- Cribs, 2- Carts, 9- Instrument Tables	LEASED EQUIP	01.7420 ACTIVE
000189 Tables, w/ plastic floor glides	LEASED EQUIP	01.7420 ACTIVE
000190 DS Brilliance CT 40-60 Channel	LEASED EQUIP	01.7420 ACTIVE
000191 11- Wheelchairs	LEASED EQUIP	01.7420 ACTIVE
000192 1- Hysteroscopy System & Hysteroscope Set	LEASED EQUIP	01.7420 ACTIVE
000193 2- Enseal Generator w/ Accessories	LEASED EQUIP	01.7420 ACTIVE
000194 4- Defibrillators	LEASED EQUIP	01.7420 ACTIVE
000196 1-Lift Beach Chair & Accessories	LEASED EQUIP	01.7420 ACTIVE
000197 2-Ultrafin Stirrups, 2-Yellowfin Elites	LEASED EQUIP	01.7420 ACTIVE
000198 2-Shoulder Access Sys	LEASED EQUIP	01.7420 ACTIVE
000199 Sterrad 100NX & components, traded in V-Pro for credit of \$99,00	LEASED EQUIP	01.7420 ACTIVE
000200 2- ChemClean Kit	LEASED EQUIP	01.7420 ACTIVE
000201 2- Sterrad NX System	LEASED EQUIP	01.7420 ACTIVE
000202 2- Sterrad Carts	LEASED EQUIP	01.7420 ACTIVE
000203 1- Preinstallation Kit	LEASED EQUIP	01.7420 ACTIVE
000204 1- AER & Water Filter System	LEASED EQUIP	01.7420 ACTIVE

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000205 2- Conn Tube Kits	LEASED EQUIP	01.7420 ACTIVE
000206 2- Microscopes, Surgical, OMNI Pentero	LEASED EQUIP	01.7420 ACTIVE
000207 1- OPMI Pentero	LEASED EQUIP	01.7420 ACTIVE
000208 1- Electrosurgical Units/ Irrigation Pump	LEASED EQUIP	01.7420 ACTIVE
000209 3- Harmonic Scalpel Generators	LEASED EQUIP	01.7420 ACTIVE
000210 3- Arterial Infrared Thermometer	LEASED EQUIP	01.7420 ACTIVE
000211 7-Temperature Monitors, 2- Themometers	LEASED EQUIP	01.7420 ACTIVE
000214 2- Mayfield Patient Positioning Sys	LEASED EQUIP	01.7420 ACTIVE
000215 2- Mayfield Headrest & Skull Clamp	LEASED EQUIP	01.7420 ACTIVE
000216 4- Mayfield NeuroGen Adaptor	LEASED EQUIP	01.7420 ACTIVE
000217 2- Mayfield Patient Position Sys, Headrest, Skull Clamp	LEASED EQUIP	01.7420 ACTIVE
000218 8- Supply Carts	LEASED EQUIP	01.7420 ACTIVE
000219 Shelving for 5 rooms, chrome wire	LEASED EQUIP	01.7420 ACTIVE
000220 TurboVac 90 ICW Atlas Control System	LEASED EQUIP	01.7420 ACTIVE
000222 8- Utility Table	LEASED EQUIP	01.7420 ACTIVE
000223 5- Tables (Mayo, Instr), Carts, Stands	LEASED EQUIP	01.7420 ACTIVE
000224 Esprit Ventilator Demo & accessories	LEASED EQUIP	01.7420 ACTIVE
000226 3- Morcellator for Hyster.	LEASED EQUIP	01.7420 ACTIVE
000227 Saws, Drills, Driver, Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000229 4 Bipolar Generators, Carts, Irrigation Modules	LEASED EQUIP	01.7420 ACTIVE
000231 55- Regulators, 46- Oxygen Flowmeters	LEASED EQUIP	01.7420 ACTIVE
000232 1- Aspirator, Uterine	LEASED EQUIP	01.7420 RETIRED
000233 Integrated Diagnostic System	LEASED EQUIP	01.7420 RETIRED
000234 1- Pressure Infusion System	LEASED EQUIP	01.7420 RETIRED
000235 Installation of Intermetro Systems	LEASED EQUIP	01.7420 RETIRED
000236 45- Hampers, 2-Stands, Table	LEASED EQUIP	01.7420 RETIRED
000237 1- Cart, Malig. Hyperthermia	LEASED EQUIP	01.7420 RETIRED
000238 1- Cart	LEASED EQUIP	01.7420 RETIRED
000239 3- Hypo-Hyperthermis Unit RK-3000	LEASED EQUIP	01.7420 RETIRED
000242 1- Digital Scale	LEASED EQUIP	01.7420 RETIRED
000243 8- Laryngoscope	LEASED EQUIP	01.7420 RETIRED
000244 1- Gynecare X-Tract, Laparoscopic Morcellator	LEASED EQUIP	01.7420 RETIRED
000247 12- Cannula, various sizes	LEASED EQUIP	01.7420 RETIRED
000249 Safety Glasses, Eyewash Station, Seals	LEASED EQUIP	01.7420 RETIRED
000251 2- Stainless Steel Cart	LEASED EQUIP	01.7420 RETIRED
000253 HemoCue HB201 Pump - Lab	LEASED EQUIP	01.7420 RETIRED
000255 Nurse Call System	LEASED EQUIP	01.7420 RETIRED
000257 25- Carts,Racks	LEASED EQUIP	01.7420 RETIRED

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000258 8- Wire Carts	LEASED EQUIP	01.7420 RETIRED
000260 11- Scan 1-LN Cuffs (Thighs & Arms)	LEASED EQUIP	01.7420 RETIRED
000261 Installation of Sterilizers	LEASED EQUIP	01.7420 RETIRED
000262 1- SM Cast Spreader, Cast Cutter	LEASED EQUIP	01.7420 RETIRED
000263 Smart Pump Single & Dual Channel	LEASED EQUIP	01.7420 RETIRED
000265 8- Hydraulic Stool	LEASED EQUIP	01.7420 RETIRED
000266 1- Skin Graft Mesher Kit, 2- Dermatome Kit	LEASED EQUIP	01.7420 RETIRED
000269 Neoprobe GDS Control Unit	LEASED EQUIP	01.7420 RETIRED
000270 1- Therma Choice II	LEASED EQUIP	01.7420 RETIRED
000273 1- Morphboard	LEASED EQUIP	01.7420 RETIRED
000274 Long Pituitary Set; Extra long pituitary ronguers; Kerrison set	LEASED EQUIP	01.7420 RETIRED
000275 Long & Extralong Pituitary Set	LEASED EQUIP	01.7420 RETIRED
000276 2- Universal Screw Removal System	LEASED EQUIP	01.7420 RETIRED
000277 Mini Osteotomes & Various Instru	LEASED EQUIP	01.7420 ACTIVE
000278 4- Retractors (Nasal & Right Angled)	LEASED EQUIP	01.7420 ACTIVE
000279 2- Universal Ring Retractor Sys	LEASED EQUIP	01.7420 ACTIVE
000280 2- Arthroscopic Shoulder Repair Set, 2- ACL Sets	LEASED EQUIP	01.7420 ACTIVE
000281 4- Chondral Pick Set	LEASED EQUIP	01.7420 ACTIVE
000282 1- 3-point shoulder distraction system	LEASED EQUIP	01.7420 ACTIVE
000283 2- Kirk Mallets	LEASED EQUIP	01.7420 ACTIVE
000284 2- Graft Prep Stations	LEASED EQUIP	01.7420 ACTIVE
000285 Diamond Flex Grasper & Retractor	LEASED EQUIP	01.7420 ACTIVE
000286 2- Casper Retractor; 2- ACF Ret & Dist Set, 2-Ret Sys	LEASED EQUIP	01.7420 ACTIVE
000287 2- Micro Sets; 2- Bookwalter Retractors	LEASED EQUIP	01.7420 ACTIVE
000288 23- Alaris Pumps	LEASED EQUIP	01.7420 ACTIVE
000289 10- Forceps, 1- Bipolar Generator	LEASED EQUIP	01.7420 ACTIVE
000290 3- Alvarado Knee Support Assembly	LEASED EQUIP	01.7420 ACTIVE
000291 Posterior Retractor, M&L Retractor	LEASED EQUIP	01.7420 ACTIVE
000292 6- Nasal Packing Sets	LEASED EQUIP	01.7420 ACTIVE
000293 Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000294 24- Graspers, 32- LAP Needle Holders	LEASED EQUIP	01.7420 ACTIVE
000295 Containers, Baskets, Mats, Instr Label	LEASED EQUIP	01.7420 ACTIVE
000296 Spinal Instruments- Dr. Won	LEASED EQUIP	01.7420 ACTIVE
000297 Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000298 Gyn Microsurgical Set	LEASED EQUIP	01.7420 ACTIVE
000299 Minor Vascular Clamps Set	LEASED EQUIP	01.7420 ACTIVE
000300 Laparotomy Set	LEASED EQUIP	01.7420 ACTIVE
000301 2- Large Bone Set	LEASED EQUIP	01.7420 ACTIVE

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000302 Cervical (4) & Lumbar (2) Microdisectomy Set	LEASED EQUIP	01.7420 ACTIVE
000303 Bone Clamps Set	LEASED EQUIP	01.7420 ACTIVE
000304 2- ALIF Set	LEASED EQUIP	01.7420 ACTIVE
000305 Arthroscopy Set	LEASED EQUIP	01.7420 ACTIVE
000306 Dr. Pruitt/Saadi Instruments - various	LEASED EQUIP	01.7420 ACTIVE
000307 2 Vacu-Form Large	LEASED EQUIP	01.7420 ACTIVE
000308 4- Table Gel Pads, Leg Holder Sys, Irrigation Tower	LEASED EQUIP	01.7420 ACTIVE
000309 2- Lateral Supports, 6- Adult Head Gel Donut, 3-Pediatric Head G	LEASED EQUIP	01.7420 ACTIVE
000310 Black Drainage Rubber Mats	LEASED EQUIP	01.7420 ACTIVE
000311 Various Instruments - Ear	LEASED EQUIP	01.7420 ACTIVE
000312 2- Cervical Instrument Sets	LEASED EQUIP	01.7420 ACTIVE
000313 6- Pituitary down, Rongeur, Cobb Currette	LEASED EQUIP	01.7420 ACTIVE
000314 Instruments for cervical and lumbar spine	LEASED EQUIP	01.7420 ACTIVE
000315 1- Hurst Dialators, 14- Bougie	LEASED EQUIP	01.7420 ACTIVE
000316 30- Diamond Drive Needle Holders	LEASED EQUIP	01.7420 ACTIVE
000317 4- I-Stat 1 Analyzer System	LEASED EQUIP	01.7420 ACTIVE
000318 Part of ACF Retractor & Dist Set	LEASED EQUIP	01.7420 ACTIVE
000319 Micro Set - Scissors, Castrov NH, Rhoton Forceps, Tying Forceps,	LEASED EQUIP	01.7420 ACTIVE
000320 Retractors, Blades, & Jaw	LEASED EQUIP	01.7420 ACTIVE
000321 2- Shoulder Sets	LEASED EQUIP	01.7420 ACTIVE
000322 2- ACL Sets	LEASED EQUIP	01.7420 ACTIVE
000323 VC10 Pump	LEASED EQUIP	01.7420 ACTIVE
000324 Lifecare PCA Pump - 5	LEASED EQUIP	01.7420 ACTIVE
000325 Sonic Irrigator - da Vinci	LEASED EQUIP	01.7420 ACTIVE
000326 Byron Release Cannula, Face Cannula, Breast Cannula, Closed Neck	LEASED EQUIP	01.7420 ACTIVE
000327 Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000328 Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000329 2- HD Flat Panel w/ Fiber Input	LEASED EQUIP	01.7420 ACTIVE
000330 1- Aida DVD-M with Smart Screen	LEASED EQUIP	01.7420 ACTIVE
000331 2- Hopkins Telescopes, Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000332 Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000333 6- Arthroscopes	LEASED EQUIP	01.7420 ACTIVE
000334 Champion Small Joint Instr. Set	LEASED EQUIP	01.7420 ACTIVE
000335 Various Instruments	LEASED EQUIP	01.7420 ACTIVE
000336 Rest of Triathlon Instrument Sets	LEASED EQUIP	01.7420 ACTIVE
000337 4- Forceps (Gastric), 10-Grasper	LEASED EQUIP	01.7420 ACTIVE
000338 6- Forceps, Gastric Band Passer	LEASED EQUIP	01.7420 ACTIVE
000772 3 CUSHING-DEBAKEY TISS FCPS	LEASED EQUIP	01.7420 ACTIVE

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000272 Anesthesia Tray with Lid Stops, Plastic Distribution Cart	LEASED EQUIP		01.7440 RETIRED
000169 CD Ruby Analyzer	LEASED EQUIP		01.7500 ACTIVE
000195 1-Architech C8000- Chemistry Sys	LEASED EQUIP		01.7500 ACTIVE
000213 2- Blood Bank/ Lab Refrigerators	LEASED EQUIP		01.7500 ACTIVE
000259 X-Ray Aprons & Protectors	LEASED EQUIP		01.7550 RETIRED
000178 1- Stretcher- MRI Compatible	LEASED EQUIP		01.7580 ACTIVE
000230 1- Wheelchair, MRI Safe	LEASED EQUIP		01.7580 ACTIVE
000245 Cardiosoft v6.5, installation & configuration	LEASED EQUIP		01.7640 RETIRED
000151 1- Dishwasher	LEASED EQUIP		01.7660 ACTIVE
000152 1- Refrigerator, Undercounter	LEASED EQUIP		01.7660 ACTIVE
000186 12- Refrigerator, Undercounter	LEASED EQUIP		01.7660 ACTIVE
000212 1- Pharmacy Refrigerator	LEASED EQUIP		01.7660 ACTIVE
000248 2- Trays, 5- Racks	LEASED EQUIP		01.7660 RETIRED
000250 Electronic Weighing Kit, Various Pharmacy	LEASED EQUIP		01.7660 RETIRED
000252 Various Bins - assorted	LEASED EQUIP		01.7660 RETIRED
000264 1- Hood for Pharmacy	LEASED EQUIP		01.7660 RETIRED
000188 2- Central Supply Work Tables, Stands	LEASED EQUIP		01.7690 ACTIVE
000246 Carts, General, Waste Receptacles	LEASED EQUIP		01.7690 RETIRED
000271 8- Waste Receptacles	LEASED EQUIP		01.7690 RETIRED
000225 Shelving, Medical Records, 6 Tier	LEASED EQUIP		01.7730 ACTIVE
000183 Shelving in Mat Mgmt & Sterile Storage	LEASED EQUIP		01.7770 ACTIVE
000241 Cable Sale & Installation	LEASED EQUIP		01.7800 RETIRED
000254 Hospital Security Systems	LEASED EQUIP		01.7800 RETIRED
000256 Zoned Public Address System	LEASED EQUIP		01.7800 RETIRED
000764 8 BSHOP-HARMN IRS FCP1X2TH, 5 LEWIS DEL SKIN HK SH2.5MM	LEASED EQUIP		01.7420 RETIRED
000766 4 AWL 30 DEGREE, 4 AWL 90 DEGREE, 4 AWL 45 DEGREE HEAVY	LEASED EQUIP		01.7420 RETIRED
000763 1 HD 2.7MM X 30 DEGREE ARTHROSCOPE, SPEEDLOCK, C-MOUNT, A/C	LEASED EQUIP	ARTHROINST	01.7420 RETIRED
000664 IMAGING / THERAPEUTIC SERVICES SOFTWARE	LEASED EQUIP		01.7760 ACTIVE
000616 32 HDTV LCD TELEVISIONS	LEASED EQUIP	TVMON	01.7100 ACTIVE
000593 ALLEN MEDICAL EQUIP SALES TAX	LEASED EQUIP		01.7420 ACTIVE
000594 ALLEN EASY IRRIGATION TOWER	LEASED EQUIP		01.7420 ACTIVE
000595 ARTHROSCOPIC LEG HOLDER SYSTEM & TABLE GEL PAD FULL LENGTH	LEASED EQUIP		01.7420 ACTIVE
000596 SHOULDER ACCESS SYSTEM	LEASED EQUIP		01.7420 ACTIVE
000597 2 ALLEN ULTRAFIN STIRRUPS & 2 YELLOFIN ELITE	LEASED EQUIP		01.7420 ACTIVE
000598 ALLEN BEACH CHAIR CART FREIGHT	LEASED EQUIP	CARTSUPP	01.7420 ACTIVE
000620 MEDITECH 40% IMAGING & THERAPEUTIC SOFTWARE	LEASED EQUIP		01.7760 RETIRED
000629 DA VINCI SI UPGRADE (CARTS & SURGEON'S CONSOLE)	LEASED EQUIP	CARTSUPP	01.7420 ACTIVE
000802 MEDITECH 40% ENTERPRISE, 40% LAB/MICROB, 10% OTHER	LEASED EQUIP		01.7760 RETIRED

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000709 LYSONIX 3000 STD SYS W/MICRO	LEASED EQUIP		01.7420 ACTIVE
000757 1 BUNDLE NIM RESP 3.0 SYS W/CART/PRINTER	LEASED EQUIP		01.7420 ACTIVE
000686 SOFTWARE - ENTERPRISE MEDICAL RECORD AND LAB/MICROBIOLOGY PHARM	LEASED EQUIP		01.7760 RETIRED
000695 VC10 PUMP, 115V	LEASED EQUIP	PUMPVAC	01.7420 ACTIVE
000743 1 CAMERA CONTROL UNIT, COMERA HEAD & COUPLER KIT, PRINTER, OTHER	LEASED EQUIP		01.7420 ACTIVE
000773 VARIOUS INSTRUMENTS STRYKER ENDO	LEASED EQUIP		01.7420 RETIRED
000774 1 COMERA CTRL UNIT, HEAD & COUPLER KIT, PRINTER, OTHER	LEASED EQUIP		01.7420 ACTIVE
000775 1 STANDARD VIDEO CART KIT	LEASED EQUIP		01.7410 ACTIVE
000741 2 - IRRIGATION PUMP, FOOT PED BOARD, EQUIP CART, FOOTSWITCH	LEASED EQUIP		01.7420 ACTIVE
000726 2 UNIVERSAL SCREW REMOVAL SYSTEMS	LEASED EQUIP		01.7420 ACTIVE
000723 5 FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	LEASED EQUIP		01.7420 ACTIVE
000762 SOFTWARE - IMAGING AND THERAPEUTIC SERVICES	LEASED EQUIP		01.7550 RETIRED
000758 1 CAMERA CONTROL UNIT, 1 SDC ULTRA & PRINTER, 1 VIEWING MONITOR	LEASED EQUIP		01.7420 ACTIVE
000719 G400 GENERATOR	LEASED EQUIP	GENER	01.7420 ACTIVE
000750 PCR UPGRADE PHILIPS	LEASED EQUIP		01.7550 RETIRED
000748 1 MAC5500 CLR STD ENG, 1 SYSTEM TROLLEY, KIT MAC 5500 APPLICATIO	LEASED EQUIP		01.7600 ACTIVE
000735 1 - BARIATRIC TRACKING SOFTWARE	LEASED EQUIP		01.7400 RETIRED
000753 4 BABCOCK GRASPERS, 4 DUCKBILL DISSECTORS	LEASED EQUIP		01.7420 RETIRED
000747 1 CLEAR VIEW BLACK BELT BASIC RETRACTOR SYSTEM	LEASED EQUIP	RETRAC	01.7420 ACTIVE
000749 1 SAVARY-GILLIARD ESOPHAGEAL DILATOR	LEASED EQUIP		01.7420 ACTIVE
000756 2 T-COAT MICRO HDL CERRISON ROs	LEASED EQUIP		01.7420 RETIRED
000754 1 FREESTANDING TABLE, 12 MAXWELL CHAIRS	LEASED EQUIP		01.7400 ACTIVE
000755 10 LOUNGE CHAIRS, 2 DOUBLE SEAT LOUNGE CHAIRS	LEASED EQUIP		01.7400 ACTIVE
000759 1 CLEAR VIEW BLACK BELT CERVICAL RETRACTOR SET	LEASED EQUIP		01.7420 RETIRED
000751 2 CANON DR-4010C SCANNERS	LEASED EQUIP		01.7720 RETIRED
000797 MEDITECH - ENTERPRISE MEDICAL RECORD	LEASED EQUIP		01.7760 RETIRED
000798 MEDITECH-10% DEPOSIT OF BLOOD BANK LICENSE & IMPLEMENTATION FEE	LEASED EQUIP		01.7760 RETIRED
000017 4- Salon Bench, 48"	LEASED EQUIP		1.78 ACTIVE
000146 10 year lease - hospital construction	LEASEHOLD IMP		01.7800 ACTIVE
000147 10 year lease - hospital construction	LEASEHOLD IMP		01.7800 ACTIVE
000862 ADA PANELS	LEASEHOLD IMP	SIGN	01.7800 ACTIVE
000373 Install Voice/Data Outlets in 2 rooms (Nurse Station)	LEASEHOLD IMP		01.7100 ACTIVE
000740 REWIRE ER HALL AND FEMALE STAFF ROOM	LEASEHOLD IMP		01.7300 ACTIVE
000380 Endo Remodeling Construction	LEASEHOLD IMP		01.7410 ACTIVE
000394 2- Exterior Directional Post & Panels	LEASEHOLD IMP		01.7420 ACTIVE
000375 Install Phone Outlet - Facilities Mgmt for Fax	LEASEHOLD IMP		01.7690 ACTIVE
000388 Primex Wireless Clock System	LEASEHOLD IMP		01.7760 ACTIVE
000374 Install Wall Phone Outlet- Phy Lounge & MM	LEASEHOLD IMP		01.7770 ACTIVE

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000346 General Hospital Construction	LEASEHOLD IMP		01.7800 ACTIVE
000347 General Hospital Construction	LEASEHOLD IMP		01.7800 ACTIVE
000348 General Hospital Construction	LEASEHOLD IMP		01.7800 ACTIVE
000687 COST TO MAKE MODIFICATIONS TO CT ROOM BASED ON EQUIP CHANGES	LEASEHOLD IMP		01.7690 ACTIVE
000479 CIRCUITS STERILE ROOMS AND OR	LEASEHOLD IMP	ELECLIFIX	01.7420 ACTIVE
000477 PHONE JACKS LAB AREA	LEASEHOLD IMP	ELECLIFIX	01.7500 ACTIVE
000478 L6-30R STRESS TEST ROOM WIRING	LEASEHOLD IMP	ELECLIFIX	01.7500 ACTIVE
000480 DRAIN IN SPECIAL ROOM AND LAB	LEASEHOLD IMP		01.7500 ACTIVE
000475 CONDUIT FROM ELECTRICAL RM BOILER RM & MED GAS RM	LEASEHOLD IMP	ELECLIFIX	01.7690 ACTIVE
000476 RECPTACLES FOR CIRCUITS IN WALLS	LEASEHOLD IMP	ELECLIFIX	01.7690 ACTIVE
000537 INSTALL 2 VOICE CAT.6 DATA OP STORAGE RM PACU	LEASEHOLD IMP		01.7430 ACTIVE
000625 ELECTRICAL CIRCUITS & CONDUCTORS	LEASEHOLD IMP	ELECLIFIX	01.7690 ACTIVE
000538 PHONE/DATA JACK RM BET DIETARY AND BIOMED	LEASEHOLD IMP		01.7770 ACTIVE
000706 BARIATRIC (ER eff 10/1/11) SUITE BUILD OUT	LEASEHOLD IMP		01.7400 ACTIVE
000626 CABLING INSTALLATION	LEASEHOLD IMP		01.7500 ACTIVE
000742 WALL PROTECTION INSTALLED IN O.R.s,CORRIDOR & PATIENT ROOMS	LEASEHOLD IMP		01.7420 ACTIVE
000746 INSTALLATION OF WALL PROTECTION	LEASEHOLD IMP		01.7420 ACTIVE
000803 INSTALL CABLE TO TV LOCATIONS FROM NURSE'S STATION	LEASEHOLD IMP		01.7100 ACTIVE
000864 ADA PANELS	LEASEHOLD IMP	SIGN	01.7800 ACTIVE
000863 ADA CURVE PANELS	LEASEHOLD IMP	SIGN	01.7800 ACTIVE
000857 DOCTORS PARKING LOT GATES	LEASEHOLD IMP	PARKGATE	01.7800 ACTIVE
000860 AUTOMATIC DOOR OPENERS FOR OP DISCHARGE DOORS	LEASEHOLD IMP		01.7430 ACTIVE
000887 BUILDING CHILLER/DEHUMIDIFIER	LEASEHOLD IMP		01.7690 ACTIVE
001108 CABINETS, COUNTER TOPS FOR RAD/CT	LEASEHOLD IMP		01.7550 ACTIVE
001379 COVERED PARKING (PHASE I)	LEASEHOLD IMP		01.7690 ACTIVE
002038 ACCELERATON COST FOR PHASE III ADDITION (TRANSFERS)	LEASEHOLD IMP		01.7690 ACTIVE
001844 MEDICAL PLAZA DIETARY/AUDITORIUM LEASEHOLD IMPROVEMENT	LEASEHOLD IMP		01.7800 ACTIVE
002434 OR SOUND SYSTEM	LEASEHOLD IMP		01.7760 ACTIVE
002492 DETECTOR LOOP, FOLDING GATE ARM, JUNCTION BOX, CABLE ASSMBLY	LEASEHOLD IMP		01.7690 ACTIVE
002616 TI PREWITT TFO	LEASEHOLD IMP	OFFICEFURN	01.7900 ACTIVE
002617 TI FPMC BUSINESS OFFICE	LEASEHOLD IMP	OFFICEFURN	01.7900 ACTIVE
003090 MIDLAND CLINIC TI-INSTALL OUTLETS/X-RAY VIEW BOX	LEASEHOLD IMP		01.7668 ACTIVE
003091 MIDLAND CLINIC TI-INSTALL WALL	LEASEHOLD IMP		01.7668 ACTIVE
003092 MIDLAND CLINIC TI-INSTALL OUTLETS/17.5 CU FT REFRIGERATOR	LEASEHOLD IMP		01.7668 ACTIVE
003093 MIDLAND CLINIC TI-INSTALL BREAKROOM	LEASEHOLD IMP		01.7668 ACTIVE
003094 MIDLAND CLINIC TI-INSTALL OUTLETS	LEASEHOLD IMP		01.7668 ACTIVE
003097 AMARILLO GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7665 ACTIVE
003099 AMARILLO GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7665 ACTIVE

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003100 AMARILLO DESIGN, DEVELOPMENT & CONSTRUCTION DOCUMENTS	LEASEHOLD IMP		01.7665 ACTIVE
003101 AMARILLO REVIEW, FILING, INSPECTION FEES	LEASEHOLD IMP		01.7665 ACTIVE
003102 AMARILLO DESIGN FEES	LEASEHOLD IMP		01.7665 ACTIVE
003108 AMARILLO ARCHITECTURAL DESIGN & DETAILING	LEASEHOLD IMP		01.7665 ACTIVE
003104 MIDLAND GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7668 ACTIVE
003105 MIDLAND GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7668 ACTIVE
003112 AMARILLO GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7665 ACTIVE
003118 AMARILLO GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7665 ACTIVE
003119 AMARILLO GENERAL CONSTRUCTION	LEASEHOLD IMP		01.7665 ACTIVE
003128 CONSTRUCT NEW SECURITY OFFICE	LEASEHOLD IMP		01.7900 ACTIVE
000688 ADOLFSON & PETERSON CHANGE ORDER TO FIXED ASSETS	LEASEHOLD IMP		01.7690 ACTIVE
000159 1- Exam Lamps	MAJOR MOV		01.7420 ACTIVE
000407 1- Vascular Retractor System	MAJOR MOV		01.7420 ACTIVE
000408 2- L.I.T. Surgical ONE Headlight System	MAJOR MOV		01.7420 ACTIVE
000422 Arthroscopy Tower	MAJOR MOV		01.7420 ACTIVE
000423 2- Sys 6 Recip	MAJOR MOV		01.7420 ACTIVE
000435 1- BladderScan BVI 9400 Std and Cart	MAJOR MOV		01.7420 ACTIVE
000436 Portable GVL Sys, Mobile Stand, 2- Glidescopes	MAJOR MOV		01.7420 ACTIVE
000345 1- Reservoir Water System for Ruby	MAJOR MOV		01.7500 ACTIVE
000395 1- Coagulation Analyzer, 1- Status Analyzer Clinitek	MAJOR MOV		01.7500 ACTIVE
000357 2-Porta Shields, 20-Aprons	MAJOR MOV		01.7550 ACTIVE
000358 1- Mobile Leaded Barrier	MAJOR MOV		01.7550 ACTIVE
000483 IRRIGATION PUMP	MAJOR MOV	PUMPSURG	01.7420 ACTIVE
000485 MICRODEBRIDER 2	MAJOR MOV		01.7420 ACTIVE
000486 STERILIZATION TRAYS - 2	MAJOR MOV		01.7420 ACTIVE
000487 CONSOLE	MAJOR MOV	CHAIRGERI	01.7420 ACTIVE
000488 FOOT SWITCH	MAJOR MOV		01.7420 ACTIVE
000484 PLATELET AGGREGATOR	MAJOR MOV	PLATELET	01.7500 ACTIVE
000482 M-TURBO ULTRASOUND SYSTEM	MAJOR MOV	ULTRAUNIT	01.7560 ACTIVE
000472 ENTERPRISE ETIME TIMECLOCK	MAJOR MOV	EQUIPMENT	01.7760 ACTIVE
000539 SCREW REMOVAL SET	MAJOR MOV		01.7420 ACTIVE
000540 BONE FORCEPS SET	MAJOR MOV		01.7420 ACTIVE
000541 2 -ULTRA 360 PATIENT POSITIONING SYSTEM	MAJOR MOV		01.7420 ACTIVE
000542 ULTRA 360 PATIENT POSITIONING SYSTEM	MAJOR MOV		01.7420 ACTIVE
000543 VENTILATOR ESPRIT	MAJOR MOV	VENT	01.7420 ACTIVE
000544 WILSON PLUS RWF W/ SHEARGUARD GEL PADS	MAJOR MOV		01.7420 ACTIVE
000545 VIO 200S ELECTROSURGICAL UNIT 120V	MAJOR MOV	ELECSURG	01.7420 ACTIVE
000546 INDEPENDENCE SPACER MEDIUM 8 11MM	MAJOR MOV		01.7420 ACTIVE

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000547 CER-2R W/HTD RSVR	MAJOR MOV		01.7420 ACTIVE
000548 MLX 300W XENON LIGHTSOURCE	MAJOR MOV	ELECLIFIX	01.7420 ACTIVE
000574 INSTRUMENT SET MODULAR HAND	MAJOR MOV		01.7420 ACTIVE
000575 INSTRUMENT SET LUMBAR MCCULLOCH	MAJOR MOV		01.7420 ACTIVE
000627 AERO C8K ICT MOD	MAJOR MOV		01.7500 ACTIVE
000823 1 ENDOSCOPE, STERIO, 0 DEG, SCHOELLY, GEN 3	MAJOR MOV		01.7420 ACTIVE
000628 ALL TITANIUM SUPER-SLIDE III SELF-RETAINING RETRACTOR, EXT SET	MAJOR MOV	RETRAC	01.7420 ACTIVE
000631 4.0 MHz DUAL FREQUENCY SURGITRON	MAJOR MOV		01.7420 ACTIVE
000694 VENTILATOR W/CFLEX, CIRCUIT SUPPORT ARM	MAJOR MOV	VENT	01.7420 ACTIVE
000833 STERIS 5085 TABLE BAT/LINE	MAJOR MOV		01.7420 ACTIVE
000696 26 WIDEVIEW HD FLAT PANEL"	MAJOR MOV		01.7420 ACTIVE
000806 1 BARIATRIC POWER TREATMENT TBL & FOOT CONTROL FOR RITTER 244	MAJOR MOV	TABLEEXAM	01.7400 ACTIVE
000821 1 MAC5500 CLR STD ENG, 1 SYSTEM TROLLEY, KIT MAC 5500	MAJOR MOV		01.7600 RETIRED
000805 3 MLX 300W XENON LIGHTSOURCES & FLOORSTAND-MLX	MAJOR MOV		01.7420 ACTIVE
000822 1 JACKSON TABLE SYSTEM	MAJOR MOV	TABLEOPER	01.7420 ACTIVE
000807 1 SUPER-SLIDE II LUMBAR RETRACTOR	MAJOR MOV	RETRAC	01.7420 ACTIVE
000846 1 AIA-600-2 AUTOMATED IMMUNOASSAY ANALYZER	MAJOR MOV		01.7500 ACTIVE
000853 1 ROTOCUT GI UNIVERSAL KIT	MAJOR MOV		01.7420 ACTIVE
001103 1 C-ARM OEC9800-REFURBISHED	MAJOR MOV		01.7420 ACTIVE
000986 ORTHOSCAN HD 1000 UC-5D709 (MIN C-ARM)	MAJOR MOV		01.7420 ACTIVE
001216 LASER & SET FOR LARYNGOSCOPY SURGERIES	MAJOR MOV	LASERSURG	01.7420 ACTIVE
001243 1 PRE-OWNED GE LOGIQ 7 ULTRASOUND UNIT W/MULTIPLE TRANSDUCER PRO	MAJOR MOV	ULTRASOUND	01.7550 ACTIVE
001290 ARCH TABLE EXTENSION, RAILS, LEG HOLDER SET(HIP PROCEDURES)	MAJOR MOV	TABLEORTHO	01.7420 ACTIVE
001333 STRYKER TOWER FOR ARTHROSCOPY/DNDPROCEDURES(SEE NOTES FOR DESCR)	MAJOR MOV		01.7420 ACTIVE
001337 1 PRECESS, MRI PT. VITALS MONITOR, REFURBISHED	MAJOR MOV	MRIEQUIP	01.7580 ACTIVE
001385 1 BODY JET LIPO SYSTEM	MAJOR MOV		01.7420 ACTIVE
001847 1 AMSCO STERIS5085 O/R TABLE	MAJOR MOV	TABLEOPER	01.7420 ACTIVE
002432 MICROSCOPE, DR OWENS, EAR SURGERY	MAJOR MOV	MICROSCOPE	01.7420 ACTIVE
002552 MICROSCOPE	MAJOR MOV		01.7420 ACTIVE
002553 VASER VSR208-1220R1	MAJOR MOV		01.7420 ACTIVE
002613 MRI PATIENT SOUND STEREO SYSTEM	MAJOR MOV	STEREQUIP	01.7580 ACTIVE
002612 OFFICE FURNITURE	MAJOR MOV	OFFICEFURN	01.7800 ACTIVE
002622 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002623 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002624 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002625 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002626 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002627 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE

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002628 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002629 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002630 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002631 54 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002632 56 POWER BARIATRIC RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002633 56 POWER RECLINER	MAJOR MOV	CHAIRSPEC	01.7100 ACTIVE
002637 THERPUTIC ENDOSCOPE VIDEO ENF-VT2	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
002640 FLEXIBLE FIBEROPTIC ENDOSCOPE	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
002641 PHASE III - OR BOOMS - 40%	MAJOR MOV	OPERFURN	01.7420 ACTIVE
002642 PHASE III - OR BOOMS - 20%	MAJOR MOV	OPERFURN	01.7420 ACTIVE
002620 DESK/FILE CABINETS/4-WORK STATIONS	MAJOR MOV	OFFICEFURN	01.7820 ACTIVE
002618 OFFICE FURNITURE - COO, DALLAS	MAJOR MOV	OFFICEFURN	01.7900 ACTIVE
002661 OLYMPUS SURGICAL INSTRUMENTS	MAJOR MOV	MICROSCOPE	01.7420 ACTIVE
002674 SCOPE MODIFIED 2CM LONGER	MAJOR MOV	MICROSCOPE	01.7420 ACTIVE
002667 RADIOLOGY EQUIPMENT	MAJOR MOV	XRAYRADIO	01.7550 ACTIVE
002671 FABRICATION/INSTALLATION OF HANDRAILS	MAJOR MOV	RAILHAND	01.7690 ACTIVE
002684 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002685 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002686 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002687 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002688 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002689 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002690 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002691 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002692 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002693 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002694 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002695 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002696 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002697 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002698 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002699 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002700 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002701 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002702 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002703 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002704 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002705 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE

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002706 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002707 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002708 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002709 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002710 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002711 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002712 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002713 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002714 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002715 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002716 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002717 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002718 ENOVATE LCD MEDICAL CART	MAJOR MOV	CARTEMERG	01.7420 ACTIVE
002721 8110 SYRINGE MODULA	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002722 8110 SYRINGE MODULA	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002723 8110 SYRINGE MODULA	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002724 8110 SYRINGE MODULA	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002725 8110 SYRINGE MODULA	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002726 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002727 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002728 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002729 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002730 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002731 8100 PUMP MODULE 9.1.1	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002732 8100 PUMP MODULE 9.1.1	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002733 8100 PUMP MODULE 9.1.1	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002734 8100 PUMP MODULE 9.1.1	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002735 8100 PUMP MODULE 9.1.1	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002737 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002738 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002739 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002740 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002741 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002744 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002745 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002746 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002749 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002750 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002751 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002752 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002753 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002754 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002755 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002756 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002757 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002758 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002759 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002760 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002761 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002762 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002763 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002764 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002765 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002766 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002767 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002768 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002769 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002770 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002771 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002772 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002773 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002774 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002775 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002776 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002777 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002778 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002779 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002780 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002781 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002782 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002783 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002784 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002785 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002786 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002787 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002788 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002789 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002790 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002791 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002792 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002793 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002794 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002795 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002796 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002797 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002798 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002799 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002800 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002801 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002802 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002803 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002804 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002805 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002806 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002807 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002808 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002809 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002810 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002811 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002812 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002813 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002814 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002815 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002816 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002817 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002818 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002819 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002820 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002821 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002822 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002823 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002824 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002825 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002826 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002827 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002828 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002829 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002830 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002831 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002832 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002833 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002834 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002835 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002836 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002837 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002838 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002839 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002840 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002841 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002843 8110 SYRINGE MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002844 8110 SYRINGE MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002845 8110 SYRINGE MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002846 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002847 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002848 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002849 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002850 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002851 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002852 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002853 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002854 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002855 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002856 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002857 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002858 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002859 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002860 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002861 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002862 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002863 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002864 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002865 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002866 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002867 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002868 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002869 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002870 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002871 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002872 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002873 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002874 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002875 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002876 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002877 8120 PCA MODULE V8	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002878 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002879 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002880 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002881 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002882 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002883 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002884 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002885 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002886 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002887 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002888 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002889 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002890 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002891 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002892 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002893 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002894 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002895 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002896 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002897 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002898 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002899 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002900 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002901 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002902 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002903 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002904 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002905 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002906 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002907 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002908 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002909 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002910 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002911 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002912 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002913 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002914 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002915 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002916 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002917 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002918 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002919 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002920 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002921 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002922 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002923 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002924 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002925 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002926 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002927 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002928 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002929 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002930 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002931 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002932 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002933 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002934 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002935 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002936 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002937 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002938 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002939 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002940 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002941 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002942 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002943 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002944 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002945 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002946 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002947 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002948 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002949 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002950 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002951 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002952 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002953 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002954 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002955 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002956 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002957 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002958 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002959 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002960 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002961 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002962 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002963 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002964 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002965 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002966 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002967 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002968 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002969 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002970 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002971 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002972 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002973 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002974 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002975 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002976 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002977 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002978 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002979 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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002980 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002981 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002982 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002983 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002984 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002985 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002986 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002987 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002988 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002989 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002990 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002991 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002992 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002993 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002994 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002995 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002996 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002997 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002998 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
002999 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003000 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003001 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003002 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003003 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003004 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003005 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003006 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003007 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003008 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003009 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003010 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003011 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003012 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003013 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003014 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003015 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003016 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003017 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE

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003018 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003019 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003020 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003021 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003022 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003023 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003024 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003025 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003026 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003027 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003028 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003029 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003030 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003031 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003032 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003033 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003034 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003035 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003036 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003037 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003038 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003039 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003040 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003041 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003042 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003043 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003044 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003045 8100 PUMP MODULE 9.1.17	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003046 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003047 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003048 8015LS v9.12.1.2 PCU DOM	MAJOR MOV	PUMPINFU	01.7420 ACTIVE
003049 8.5MM 0 DEGREE SCHOELLY STEREO ENDOSCOPE	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
003050 HOPKINS II 15 DEG TELESCOPE	MAJOR MOV	TELESCOPE	01.7420 ACTIVE
003078 IS3000 VESSELL SEALER & STAPLER UPGRADE	MAJOR MOV	SURGINSTR	01.7420 ACTIVE
003079 8.5MM 30 DEG STEREO ENDOSCOPE	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
003080 2.8MM X 40CM FLEXIBLE NEUROENDOSCOPE	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
003076 LUBBOCK OFFICE/MEDICAL EQUIPMENT	MAJOR MOV	OFFICEFURN	01.7900 ACTIVE
003077 AMARILLO OFFICE/MEDICAL EQUIPMENT	MAJOR MOV	OFFICEFURN	01.7900 ACTIVE

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003082 2.8MM X 40CM FLEXIBLE NEUROENDOSCOPE	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
003083 2.8MM X 40CM FLEXIBLE NEUROENDOSCOPE	MAJOR MOV	GASTROSCOP	01.7420 ACTIVE
003084 MIDLAND OFFICE FURNITURE	MAJOR MOV	OFFICEFURN	01.7900 ACTIVE
003103 REVOLIX JR MEDICAL LASER SYSTEM	MAJOR MOV	LASERSURG	01.7420 ACTIVE
003125 SCALE W/BODY FAT ANALYZER	MAJOR MOV	SCALECLIN	01.7420 ACTIVE
000145 2- X Ray Top, 4- Restraint Straps	MINOR		01.7550 ACTIVE
000662 ALLEN LIFT ASSIST BEACH CHAIR W/US RAILS & PADS COMPLETE	MINOR		01.7420 ACTIVE
000403 1- Chart Rack	MINOR		01.7100 ACTIVE
000411 12- I.V. Poles	MINOR		01.7100 ACTIVE
000158 60- Glove Boxes	MINOR		01.7420 ACTIVE
000162 1- Stand up Digital Scale	MINOR		01.7420 RETIRED
000339 Instruments for Plastics Sets	MINOR		01.7420 ACTIVE
000340 4- Retractors & Forceps	MINOR		01.7420 ACTIVE
000341 SAS Clamp	MINOR		01.7420 ACTIVE
000342 1- Arthrocart 100	MINOR		01.7420 ACTIVE
000343 4- Surgical Punch, 10- Shaft Only Punch	MINOR		01.7420 ACTIVE
000344 2- Soft Tissue Retractor Sets	MINOR		01.7420 ACTIVE
000349 2- Stainless Steel Utility Carts	MINOR		01.7420 ACTIVE
000350 Various Instruments	MINOR		01.7420 ACTIVE
000351 Spine Instruments- Rongeur, Curette, etc	MINOR		01.7420 ACTIVE
000352 2 - Spinal Fusion Curette	MINOR		01.7420 ACTIVE
000353 Various Inst - Retractors (Cerebellum, Kolbel), Spinal Curette	MINOR		01.7420 ACTIVE
000354 Fiber Optic Instrument Cable	MINOR		01.7420 ACTIVE
000355 Various Instruments (Head & Neck)	MINOR		01.7420 ACTIVE
000359 1- Universal Stress Post	MINOR		01.7420 ACTIVE
000360 9- Monopolar Adapters	MINOR		01.7420 ACTIVE
000362 2- Derlacki Mobilizers	MINOR		01.7420 ACTIVE
000363 10- Diamond-Line Distractors	MINOR		01.7420 ACTIVE
000364 13- Z-type Clamps (Gyn Oncology/Abd Hyst)	MINOR		01.7420 ACTIVE
000365 2- Anal Speculum, 2- Rectal Retractor	MINOR		01.7420 ACTIVE
000366 4- Fiberoptic SS Retr, 2- Fiberoptic Cable	MINOR		01.7420 ACTIVE
000367 Diamond Retr (3) Graspers (4), Drive Needle (24)	MINOR		01.7420 ACTIVE
000368 2- Lillie-Killian Septum Bone	MINOR		01.7420 ACTIVE
000372 40- Uterine Dilators for Endo	MINOR		01.7420 ACTIVE
000376 1- Thermogard Dual Cable, 2- Ultraclean Elec, 1- Goldvac PB	MINOR		01.7420 ACTIVE
000377 4- Muller Retractors, 4 Head Removers/ Bond Skid, Blades	MINOR		01.7420 ACTIVE
000378 Orthopaedic Instruments	MINOR		01.7420 ACTIVE
000379 42- Scissors for Dr. Genecov's Sets	MINOR		01.7420 ACTIVE

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000386 8- Capsule Retractor	MINOR	01.7420 ACTIVE
000387 2- Ortho Vise, 2- Femoral Extractor, 8-Bone Hooks	MINOR	01.7420 ACTIVE
000389 VAPR Electrode, VAPR S90	MINOR	01.7420 ACTIVE
000390 VAPR S90	MINOR	01.7420 ACTIVE
000391 VAPR S90	MINOR	01.7420 ACTIVE
000392 8- Obturators (5.5 and 7.0)	MINOR	01.7420 ACTIVE
000393 2- Ligaclip Endo Med Clip Applier	MINOR	01.7420 ACTIVE
000396 1- Attest Autoreader for Incubator in SPD	MINOR	01.7420 ACTIVE
000397 20- Bariatric Handpiece Rigid Shaft	MINOR	01.7420 ACTIVE
000398 4- Forceps, 2- Septum Serrated Scissors	MINOR	01.7420 ACTIVE
000404 48- Sterrad Labels & 1- Label Gun	MINOR	01.7420 ACTIVE
000405 6- Breast Sizers	MINOR	01.7420 ACTIVE
000406 1- Kumar Cholangiography Clamp	MINOR	01.7420 ACTIVE
000409 Spinal Instruments	MINOR	01.7420 ACTIVE
000410 2- Working Platforms, 10- Add a Step Stand	MINOR	01.7420 ACTIVE
000413 2- Foot Extension with Siderail Locks	MINOR	01.7420 ACTIVE
000414 10- Irrigator 2	MINOR	01.7420 ACTIVE
000415 Triathlon Instruments	MINOR	01.7420 ACTIVE
000416 Various Instruments, Burs, Drills	MINOR	01.7420 ACTIVE
000417 2- Automatic High Vacuum Foot Pump	MINOR	01.7420 ACTIVE
000418 33- Nostril Retainer	MINOR	01.7420 ACTIVE
000419 6- Irrigator 2	MINOR	01.7420 ACTIVE
000420 3- Dual Speed Cement Injector	MINOR	01.7420 ACTIVE
000421 Mix Evac III, Pump	MINOR	01.7420 ACTIVE
000424 4- Soft Tissue Grasper	MINOR	01.7420 ACTIVE
000425 10- Clickline Bowel Grasping Forceps	MINOR	01.7420 ACTIVE
000426 4- Optitherm Heating Element	MINOR	01.7420 ACTIVE
000427 20- Graspers	MINOR	01.7420 ACTIVE
000428 20- Insulated Handle & Outer Tubing	MINOR	01.7420 ACTIVE
000429 Insufflator Unit & Additional Bariatric Instru	MINOR	01.7420 ACTIVE
000430 1- Curved Scissors (part of a set)	MINOR	01.7420 ACTIVE
000431 4- Cysto-Urethroscope with Obturator	MINOR	01.7420 ACTIVE
000432 2- Grasping Forc, 2- Biopsy Forc	MINOR	01.7420 ACTIVE
000433 2- Catheter Deflecting Mech	MINOR	01.7420 ACTIVE
000434 Dr. Wyatt Instruments - Nasal	MINOR	01.7420 ACTIVE
000437 2- Claw Graspers, 2- Babcock Action, 2- Babcock Grasper	MINOR	01.7420 ACTIVE
000438 Instrument Add-ons	MINOR	01.7420 ACTIVE
000439 D & E Set	MINOR	01.7420 ACTIVE

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000440 Ortho Instrument Add- Ons	MINOR	01.7420 ACTIVE
000441 Various Trays	MINOR	01.7420 ACTIVE
000442 Laminectomy Instruments	MINOR	01.7420 ACTIVE
000443 Cervical Laminectomy Instruments	MINOR	01.7420 ACTIVE
000444 Myringotomy Set Add-On Instruments	MINOR	01.7420 ACTIVE
000445 ACF Retractor Set	MINOR	01.7420 ACTIVE
000446 Laminectomy Instruments	MINOR	01.7420 ACTIVE
000447 Lap Instruments	MINOR	01.7420 ACTIVE
000448 ALIF Set	MINOR	01.7420 ACTIVE
000449 Cervical Laminectomy Instruments	MINOR	01.7420 ACTIVE
000450 Cervical Retractors	MINOR	01.7420 ACTIVE
000451 Various Instruments	MINOR	01.7420 ACTIVE
000452 Micro Scissors Set, Microtying Forceps, Various Inst.	MINOR	01.7420 ACTIVE
000453 Pans for Bariatric Instruments	MINOR	01.7420 ACTIVE
000454 Various Instruments (ENT, Lep Sets, Ortho)	MINOR	01.7420 ACTIVE
000455 Lap Instruments	MINOR	01.7420 ACTIVE
000456 Various Instruments (Forceps, Needle Holders, etc)	MINOR	01.7420 ACTIVE
000457 Wide Body Containers for Charnley Retractors	MINOR	01.7420 ACTIVE
000458 Tongue Dep Frame	MINOR	01.7420 ACTIVE
000459 Various Instruments (Lam Retractors, Anderson Adson Retractor)	MINOR	01.7420 ACTIVE
000460 Containers and Baskets	MINOR	01.7420 ACTIVE
000461 8- Alligator Forceps and 8- IRIS Supercut Scissors	MINOR	01.7420 ACTIVE
000462 Head & Neck Instruments	MINOR	01.7420 ACTIVE
000463 4- Bone Rongeur	MINOR	01.7420 ACTIVE
000464 Bariatric Instruments	MINOR	01.7420 ACTIVE
000465 Containers (Dr. Genecov)	MINOR	01.7420 ACTIVE
000466 Vag Hysterectomy Instruments	MINOR	01.7420 ACTIVE
000467 Various Instruments	MINOR	01.7420 ACTIVE
000468 6- Containers, 6-Baskets, 12-Inst Pads	MINOR	01.7420 ACTIVE
000469 Spinal & Ortho Instruments	MINOR	01.7420 ACTIVE
000470 Body Suture Forceps	MINOR	01.7420 ACTIVE
000471 Various Instruments	MINOR	01.7420 ACTIVE
000160 1- Optical Larngoscopes	MINOR	01.7440 ACTIVE
000402 9- Laryngoscope Handle, 90- blades, 1- Desk Charger	MINOR	01.7440 ACTIVE
000369 1 - 5 cu ft Freezer	MINOR	01.7500 ACTIVE
000370 1- StatSpin Express	MINOR	01.7500 ACTIVE
000356 Radiology Aprons & Shields, Gloves, Rack	MINOR	01.7550 ACTIVE
000412 3- X Ray Top	MINOR	01.7550 ACTIVE

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000371 4- Cylinder Stands, 10- D/E Cylinder Carts	MINOR		01.7640 ACTIVE
000382 Hand Pallet Truck, Utility Cart	MINOR		01.7690 ACTIVE
000383 Facilities Tools	MINOR		01.7690 ACTIVE
000384 Facilities Tools	MINOR		01.7690 ACTIVE
000385 Cabinet	MINOR		01.7690 ACTIVE
000399 12- Foot Stools	MINOR		01.7690 ACTIVE
000400 2- Utility Carts	MINOR		01.7690 ACTIVE
000401 1- Work Tables, 4- Foot Stools	MINOR		01.7690 ACTIVE
000161 1- Food Supplies Minor Equipment	MINOR		01.7710 ACTIVE
000155 5- Two way Radios	MINOR		01.7760 ACTIVE
000156 5- Two way Radios	MINOR		01.7760 ACTIVE
000157 2- Two way Radios	MINOR		01.7760 ACTIVE
000361 1- LCD Television & Mounting	MINOR		01.7800 ACTIVE
000502 PEDIATRIC HORSESHOE HEADREST	MINOR		01.7100 ACTIVE
000521 6 -IRRIGATOR SUCTION	MINOR		01.7300 ACTIVE
000516 RETRACTORS GASTRIC BANDING, FORCEPS, RATCHET, THERMOFLATOR	MINOR	RETRAC	01.7400 ACTIVE
000489 UNIVERSAL KNEE / HIP SCALECARD	MINOR		01.7420 ACTIVE
000490 BLADES	MINOR		01.7420 ACTIVE
000492 GYNECARE TVT SECUR TENSION	MINOR		01.7420 ACTIVE
000493 IRRIGATION TUBING & TUBE SETS	MINOR	TUBETEST	01.7420 ACTIVE
000494 2 HANDLE WAYNE SURGICAL PUNCH	MINOR		01.7420 ACTIVE
000495 BMI SCALE	MINOR	SCALEMETA	01.7420 ACTIVE
000496 RETRACTORS (ORTHOPAEDIC GLEPI & WILLIAMS)	MINOR	RETRAC	01.7420 ACTIVE
000497 60 RETRACTORS & RONGEURS ALL SIZES	MINOR	RETRAC	01.7420 ACTIVE
000498 22 RETRACTORS (ORTHOPAEDIC GELPI & MCELROY HAND)	MINOR	RETRAC	01.7420 ACTIVE
000499 ALIF HAND RETRACTOR WYLIE 21CM	MINOR	RETRAC	01.7420 ACTIVE
000500 DOUBLE ENDED HIBBS RETRACTOR	MINOR	RETRAC	01.7420 ACTIVE
000501 EMMETT HOOK	MINOR		01.7420 ACTIVE
000503 ELMED STOOL W/ BACKREST	MINOR		01.7420 ACTIVE
000504 OLYMPUS SCALER W/ IR REMOTE	MINOR	SCALECLIN	01.7420 ACTIVE
000505 AUXILIARY CYLINDRICAL LOCK W/ LVL PUSH BUTTON	MINOR		01.7420 ACTIVE
000506 4 IN-LINE CARB BITE NH LEFT CURVE	MINOR		01.7420 ACTIVE
000509 CERVICAL LAMINECTOMY INSTRUMENTS	MINOR		01.7420 ACTIVE
000510 388 INSTRUMENT FORCEPS, SCISSORS, CLAMPS, HOOKS	MINOR		01.7420 ACTIVE
000511 14 GRASPERS & 11 NEEDLE HOLDERS	MINOR		01.7420 ACTIVE
000512 2 APPENDECTOMY RETRACTORS & 1 KERRISON DET130	MINOR		01.7420 ACTIVE
000513 5 WILLIAMS RETRACTORS 10X50MM	MINOR	RETRAC	01.7420 ACTIVE
000514 TRANSFER BOARD W/ 2IN PAD	MINOR		01.7420 ACTIVE

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000515 NASAL FORCEPS; SPHENOID INST; NEEDLEHOLDER	MINOR		01.7420 ACTIVE
000517 2 - DVI SCALERS OLYMPUS	MINOR	SCALECLIN	01.7420 ACTIVE
000518 2 BIOPSY PUNCH FORCEPS	MINOR		01.7420 ACTIVE
000519 ENT NASAL FORCEPS; SINUS OBLONG CURETTE & TUBING	MINOR		01.7420 ACTIVE
000520 4 FLYTE HELMETS	MINOR		01.7420 ACTIVE
000523 FOOT EXTENSION SIDERAIL LOCKS	MINOR		01.7420 ACTIVE
000524 4- ARH 22 IRON INTERN W 3/D SWINGER; GRIPPERS; STERILIZING TRAY"	MINOR		01.7420 ACTIVE
000526 5 NEEDLE HOLDER CURVED 5MM	MINOR		01.7420 ACTIVE
000527 5 DECKER RONGEUR 2X6	MINOR		01.7420 ACTIVE
000528 2 - NEEDLE HOLDER LEFT CURVED 5MM	MINOR		01.7420 ACTIVE
000529 5 NEEDLE HOLDER LEFT CURVED 5MM	MINOR		01.7420 ACTIVE
000530 MIC NEEDLE HOLDER CURVED 210MM	MINOR		01.7420 ACTIVE
000531 2 - MISC NEEDLE HOLDER CURVED 210	MINOR		01.7420 ACTIVE
000532 MISC NEEDLE HOLDER CVD 210MM	MINOR		01.7420 ACTIVE
000533 RONGEURS & SCISSORS	MINOR		01.7420 ACTIVE
000534 3 NEEDLE HOLDERLEFT CURVED 5MM	MINOR		01.7420 ACTIVE
000535 ARTHROSCOPY EQUIPMENT CART	MINOR	CARTSUPP	01.7420 ACTIVE
000536 INSTRUMENTATION KIT	MINOR		01.7420 ACTIVE
000491 WIRE CART	MINOR	CARTUTIL	01.7690 ACTIVE
000663 CLASSIC ARTHROSCOPIC LEG HOLDER SYSTEM	MINOR		01.7420 ACTIVE
000654 TABLE WITH MODIFIED HEIGHT OF 36 (4)"	MINOR		01.7420 ACTIVE
000671 CONSOLES W/ PEN DRIVES	MINOR		01.7420 ACTIVE
000669 13 - KENDWOOD TK-3202L-U16P TWO-WAY RADIOS	MINOR		01.7760 ACTIVE
000639 FERRIS SMITH-KERRISON RONGUER	MINOR		01.7420 ACTIVE
000632 MICRO PITUIT RNGR 2X6MM UP, BLK 180MM	MINOR		01.7420 ACTIVE
000633 MICRO PITUIT RNGR 2X6MM STR, BLK, 180MM	MINOR		01.7420 ACTIVE
000906 6 ACCUTORR V NELLCOR MONITORING EQUIPMENT	MINOR	PTMONEQUIP	01.7420 ACTIVE
000640 SURGICAL INSTRUMENTS - RINGS, BLADE CLAMPS, SOLID/FLEX BAR,	MINOR		01.7420 ACTIVE
000565 2 HORSESHOE HEADREST & 2 SKULL CLAMPS	MINOR		01.7100 ACTIVE
000566 2 HORSESHOE HEADREST, SKULL CLAMPS & POSITIONING SYS	MINOR		01.7100 ACTIVE
000600 MORPHBOARD	MINOR		01.7100 ACTIVE
000655 BARIATRIC BACK AND SEAT EXTENSION (SET OF 4)	MINOR		01.7400 ACTIVE
000563 4 INSTRUMENTS ENDOSCOPY	MINOR		01.7410 ACTIVE
000559 30 DIAMOND DRIVE CURVED RIGHT NEEDLE	MINOR		01.7420 ACTIVE
000560 4 LAMINA SPREADER ANGLED 80 ENT INSTRUMENTS	MINOR		01.7420 ACTIVE
000561 142 SURGICAL INSTRUMENTS - BONE, BLADES, RETRACTORS	MINOR		01.7420 ACTIVE
000562 50 SURGICAL INST (DRILLS, BLADES, RETRACTORS, VERTEBRAL)	MINOR	RETRAC	01.7420 ACTIVE
000564 2 - GRUENWALD IVD 3X10MM	MINOR		01.7420 ACTIVE

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000567 2 GRUENWALD IVD 3X10 & SPURLING IVD 5X10	MINOR		01.7420 ACTIVE
000568 2 SPURLING IVD 5X10MM UP & DN	MINOR		01.7420 ACTIVE
000570 MISC NEEDLE HOLDER 210MM	MINOR		01.7420 ACTIVE
000571 ARTHRO CART	MINOR	CARTSUPP	01.7420 ACTIVE
000573 1 FERRIS-SMITH PITUITARY RONGEUR 6MM	MINOR		01.7420 ACTIVE
000576 5 CUSHING IVD RONGEUR	MINOR		01.7420 ACTIVE
000577 ALVARDO LEG HOLDER II	MINOR		01.7420 ACTIVE
000578 2 HAND OSTEOTOME 2MM & 4MM	MINOR		01.7420 ACTIVE
000580 RF60 GENERATOR W/ ACCESSORIES	MINOR	GENER	01.7420 ACTIVE
000581 3 - ENSEAL TRIO 3MM CURVE TIP 45CM	MINOR		01.7420 ACTIVE
000582 5 HARMONIC SCALPEL HAND PIECE & BLUE HAND PIECE	MINOR		01.7420 ACTIVE
000583 10 ROBOTIC CDS	MINOR		01.7420 RETIRED
000584 SURGICAL INST (BONE RASP/RONGUER/CURETTE)	MINOR		01.7420 ACTIVE
000585 8 CASE CART W/ WIRE SHELVES	MINOR	CARTSUPP	01.7420 ACTIVE
000586 6 - FLEXIBLE FIBEROPTIC ENDOSCOPE	MINOR		01.7420 ACTIVE
000587 5 SCOPE W/ KEYLOCK CABINET	MINOR	CABINSTRU	01.7420 ACTIVE
000588 FASCIAL CLOSURE INSTRUMENT KIT	MINOR		01.7420 ACTIVE
000589 2 - NASAL FORCEPS	MINOR		01.7420 ACTIVE
000590 MAINTENANCE STATION FOR ELECTRIC PEN DRIVE	MINOR		01.7420 ACTIVE
000591 3 - CUSING IVD RONGEUR 9 UP & DN"	MINOR		01.7420 ACTIVE
000592 SURGICAL INST RELIEVA VARIOUS	MINOR		01.7420 ACTIVE
000599 2 PAIR LATERAL BRACES	MINOR		01.7420 ACTIVE
000601 INDEPENDENCE SCREW FIXED ANGLE 5.5MM	MINOR		01.7420 ACTIVE
000602 2 NEPTUNE SPECIMEN COLLECTION	MINOR		01.7420 ACTIVE
000603 2 - ATRHROSCOPE 4MMX30	MINOR		01.7420 ACTIVE
000604 2 - SURGISTOOL	MINOR		01.7420 ACTIVE
000605 COOL VEST SYSTEM	MINOR		01.7420 ACTIVE
000607 4 STRUMPEL-VOSS PEDIATRIC FORCEPS	MINOR		01.7420 ACTIVE
000608 6 - DIAMOND DRIVE DELICATE NEEDLE	MINOR		01.7420 ACTIVE
000609 DELICATE TOUCH JACOBSON RING	MINOR		01.7420 ACTIVE
000610 INSTRUMENT KERRISON DET 130 5MM	MINOR		01.7420 ACTIVE
000611 INSTRUMENT KERRISON DET130 5MM	MINOR		01.7420 ACTIVE
000612 5 - NEEDLE HOLDER LEFT CURVED 5MM 31CM	MINOR		01.7420 ACTIVE
000613 ENT INSTRUMENTS (FORCEPS, TELESCOPES, TRAYS)	MINOR	TELESCOPE	01.7420 ACTIVE
000617 1 ANTRUM GRASPING FORCEPS 90	MINOR		01.7420 ACTIVE
000618 2 NONOPOLAR CURVED SCISSORS & 2 BIOPOLAR FORCEPS	MINOR		01.7420 ACTIVE
000619 4 HARMONIC SCALPEL HAND PIECE	MINOR		01.7420 ACTIVE
000621 3 - ALVARADO LEG HOLDER II	MINOR		01.7420 ACTIVE

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000622 1 - IRRIGATION PUMP AND FOOT PEDAL	MINOR	01.7420 ACTIVE
000623 1 - DELICATE TOUCH JACOBSON RING	MINOR	01.7420 ACTIVE
000624 4-FLOORSTAND &4 HEADBAND ANCILLARY	MINOR	01.7420 ACTIVE
000558 TERMINAL SERVER, ADAPTER, BARCODE SCANNER	MINOR	COMPTERM 01.7500 ACTIVE
000569 MICROSCOPE STAND, TUBE, NOSEPIECE, HAND, 20X OBJECT	MINOR	MICROSCOPE 01.7500 ACTIVE
000579 STARLINK INTERFACE/ INSTRUMENT ADAPTER	MINOR	01.7500 ACTIVE
000614 CENTRIFUGE & CELL SEPARATOR	MINOR	CENT 01.7500 RETIRED
000615 CENTRIFUGE AND CELL SEPARATOR	MINOR	CENT 01.7500 RETIRED
000606 SHELVING MEDICAL RECORDS 6 TIER 32X12X76	MINOR	SHELVING 01.7730 ACTIVE
000557 8 - FILING CABINETS ACCOUNTING	MINOR	CABFILE 01.7750 ACTIVE
000572 60X22 KNEESPACE CREDENZA & 4 DRAWER LATERAL FILE	MINOR	CRED 01.7800 ACTIVE
000650 FLEXIBLE FIBEROPTIC ENDOSCOPE .9MM	MINOR	01.7410 ACTIVE
000651 FLEXIBLE FIBEROPTIC ENDOSCOPE .9MM	MINOR	01.7410 ACTIVE
000634 CUSHING IVD RONGUER DN/UP 9 1.5MM JAW"	MINOR	01.7420 ACTIVE
000653 AC'CENTS MOTORIZED V/SPEED POWER UNIT & HANDPIECE	MINOR	01.7420 ACTIVE
000652 FLEXIBLE FIBEROPTIC ENDOSCOPES (6) .9MM	MINOR	01.7410 ACTIVE
000630 PRESTIGE ATRA GRASPER DBL-ACT 5MM	MINOR	01.7420 ACTIVE
000649 ASSY MV CART	MINOR	01.7420 ACTIVE
000658 CLEAR VIEW BLACK BELT BASIC RETRACTOR SYSTEM	MINOR	01.7420 ACTIVE
000704 30 CHROMA-LINE HNDLS, 24 T-COAT MICRO HDLS, 6 SPURLING RONGEUR	MINOR	01.7420 RETIRED
000638 DIA-FLEX TRI RETR / FAST CLAMP ENDO CLAMP I	MINOR	01.7420 ACTIVE
000670 AMSTUTZ FEMORAL NECK ELEVATOR & APC PROXIMAL FEM ELEVATOR/SHORT	MINOR	01.7420 ACTIVE
000635 CUSHING IVD RONGUER, STR 9 1.5MM JAW"	MINOR	01.7420 ACTIVE
000666 MTX-VP-HDSDI2DVIS GEFEN HDSDI	MINOR	01.7420 ACTIVE
000648 RACK.MOBILE CHART REVOLVING S/O 24 CAP	MINOR	01.7430 ACTIVE
000646 CL RGT ANG DIS FCPS KIT MTL INSUL HAND, DBL ACTN 5MMX43CM	MINOR	01.7410 ACTIVE
000645 OSTRUM PED PUNCH, SHEATH SL CURV DWN BCK 2.3X4MM 9CM	MINOR	01.7410 ACTIVE
000647 HOPKINS II 30 TELE 4MMX30CM AUTOCLAVABLE - GYN	MINOR	01.7420 ACTIVE
000641 VASCULAR INSTRUMENT SETS (2)	MINOR	01.7420 ACTIVE
000657 SPINE SCREW REMOVAL GEN INSTRUMENT SET	MINOR	01.7420 ACTIVE
000668 HANDLE WAYNE SURGICAL PUNCH	MINOR	01.7420 ACTIVE
000637 CUSHING IVD RONGUER, STR/UP 9 1.5MM JAW"	MINOR	01.7420 ACTIVE
000656 SABER X-L ANGLED ATTACHMENTS (3)	MINOR	01.7420 ACTIVE
000667 ENDO LAPRA-TY ABS CLP	MINOR	01.7420 ACTIVE
000644 RADIOLOGY MR COIL CART	MINOR	01.7550 ACTIVE
000659 SILVERSTEIN FACIAL NERVE MONITOR/STIMULAOR SYSTEM	MINOR	01.7420 ACTIVE
000703 2 FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	MINOR	01.7420 RETIRED
000701 SPLIT LEG POSITIONER, ARMBOARD PAD, CLARK SOCKETS, KNEE RESTRAI	MINOR	01.7420 ACTIVE

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000702 CMAX BARIATRIC BACK/SEAT EXT KIT W/2 INCH PADS	MINOR		01.7400 ACTIVE
000677 NON-RATCH T-HDL, 1/4 SQ LOK"	MINOR		01.7420 ACTIVE
000681 10 CLICKLINE DEBAKEY GRASP FCPS KITS	MINOR		01.7420 RETIRED
000712 1 ASPIR 110V STND, EZ PUMP, INFUSION HNDL, CNULAs, CANDYCANE, TR	MINOR		01.7100 ACTIVE
000682 2 PKG. 3.4MM SOFT TISSUE GRASPERS	MINOR		01.7420 RETIRED
000783 2 DIAMOND -FLEX GRASPERS, 5MM	MINOR		01.7420 RETIRED
000680 2 VASCULAR INSTRUMENTS SETS	MINOR		01.7420 ACTIVE
000705 1 - REEVUE QUICK START KIT	MINOR		01.7420 RETIRED
000707 LG 26 HEALTHCARE LCD"	MINOR	TVMON	01.7430 ACTIVE
000708 LG 42 PLASMA INTEGRATED HDTV AND WALL MOUNT"	MINOR	TVMON	01.7430 ACTIVE
000784 4 RIGHT ANGLE DIAMON-LINE DISSECTORS	MINOR		01.7420 RETIRED
000734 1- FLEX CHOLEDOCHOSCOPE, 2.5MMX50CM	MINOR		01.7420 RETIRED
000674 POWER ASSISTED LIPOPLASTY, INSTRUMENT CABLE, STERILIZATION CASE	MINOR		01.7420 ACTIVE
000683 LARYNGOSCOPES, FORCEPS, LARYNGEAL SCISS, SUCTION TUBES, RETRAC	MINOR		01.7420 RETIRED
000692 BARIATRIC BACK & SEAT EXT, 2 RESTRAINT STRAPS	MINOR		01.7420 ACTIVE
000684 KLEINSASSER ALLIGATOR FCPS	MINOR		01.7420 RETIRED
000710 APPLIER HEMO LARGE CLIP	MINOR		01.7420 RETIRED
000731 1 - WILSON PLUS RWF W/SHEARGUARD GEL PAD	MINOR		01.7100 ACTIVE
000685 4 HOPKINS II TELESCOPES, 10THERMOFLATOR OPTITERM HEATING ELEMENT	MINOR	TELESCOPE	01.7420 ACTIVE
000693 1 CURVED RIGHT DIAMOND, 2 CURVED LEFT DIAMOND	MINOR		01.7420 RETIRED
000728 2 - SET SIGMOIDOSCOPE FIBER OPTIC	MINOR		01.7420 RETIRED
000729 4- TELESCOPES	MINOR	TELESCOPE	01.7500 ACTIVE
000736 2 - BARIATRIC TABLES AND STOOLS	MINOR		01.7400 ACTIVE
000730 1 GOETTINGEN SUPPORT TABLE	MINOR		01.7420 ACTIVE
000733 1 - STANDARD VIDEO CART KIT	MINOR	CARTSUPP	01.7420 ACTIVE
000812 1 CASE W/TRAY & LID, VARIOUS DRIVERS, CUTTERS, SCREW REMOVERS,	MINOR		01.7420 RETIRED
000732 1 M-SERIES, HOSPITAL ACLS, BIPHASIC (DIFIBULATOR)	MINOR	DEFIB	01.7420 ACTIVE
000744 2 HARMONIC SCALPEL GENERATORS, 5 HARMONIC SCALPEL HAND PIECE	MINOR	GENER	01.7420 ACTIVE
000713 1 1020 (EA) STANDARD ELECTRIC	MINOR		01.7420 RETIRED
000711 2 COMPLETE COOL VEST SYSTEM	MINOR		01.7420 RETIRED
000752 4 DESKS, 5 CHAIRS, 5 HUTCHES, DRAWER FILING CABINETS, OTHER	MINOR	CABFILE	01.7720 ACTIVE
000715 1 SYSTEM 6 CHARGER	MINOR		01.7420 ACTIVE
000717 30 CART VANILLA BRKWY"	MINOR	CARTSUPP	01.7100 ACTIVE
000718 1 X407564/HIGH COLUMN SINGLE, FLOOR SHELF, DRAWERS, PEDESTAL	MINOR		01.7100 ACTIVE
000724 1 THYROIDECTOMY TABLE POST, MOUNT, RETRACTOR	MINOR		01.7420 ACTIVE
000716 10 T-COAT MICRO HDL KERRISON RONGEURS	MINOR		01.7420 RETIRED
000714 1 BABCOCK GRASPER, 1 DUCKBILL DISSECTOR	MINOR		01.7420 RETIRED
000725 1 - FLEX INTUBATION KIT W/BRIGHT LITE, 5.2MM	MINOR		01.7420 ACTIVE

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000780 1 KRONNER SIDE-KICK SYSTEM, 2 DRONNER RUMI MANIPULATOR, DISP TUB	MINOR		01.7420 ACTIVE
000793 1 BARIATRIC POWER EXAM TABLE	MINOR	TABLEEXAM	01.7400 ACTIVE
000808 1 MICRO FRANCE TYPE BACKBITTER CVD	MINOR		01.7420 RETIRED
000782 5 MCKERNAN GI GRASPERS (DR. KIM)	MINOR		01.7400 RETIRED
000816 1 DESKSHELL, RETURN & HUTCH W/DOORS	MINOR		01.7800 ACTIVE
000785 2 ACL TRANSFIX SETS (DR. WILLIAMS ACL PROC)	MINOR		01.7420 RETIRED
000779 NOVASURE & SURESOUND DEVICE	MINOR		01.7420 ACTIVE
000781 2 ROSE ROCKERS WITH MESH SEAT AND BACK WITH VINYL TRIM	MINOR	CHAIRFOLD	01.7100 ACTIVE
000813 5 MESH CHAIRS (BLACK)	MINOR		01.7800 ACTIVE
000787 6 KERRISON RONGEURS (DR. WON)	MINOR		01.7420 RETIRED
000795 1 LG 26 HEALTCARE LCD WITH REMOTE CONTROL"	MINOR		01.7300 ACTIVE
000786 1 CORD CUTTER FOR SHOULDER SET (DR. MADSEN)	MINOR		01.7420 RETIRED
000789 2 PULSAR CARTS	MINOR	CARTUTIL	01.7420 ACTIVE
000832 SPINE RETRACTORS(RODS,SCREWDRIVERS,CLAMPS,BLADES,WRENCHES)	MINOR		01.7420 ACTIVE
000790 1 HEMATASTAT II CENTRIGUGE	MINOR	CENT	01.7500 ACTIVE
000796 1 BARIATRIC PATIENT LIFT	MINOR	LIFTER	01.7400 ACTIVE
000791 1 ELMED STOOL W/O BACKREST	MINOR		01.7420 ACTIVE
000794 4 HDTVs W/BUILT IN DIGITAL TUNNER, 3 LG 42 LCD HD TVs"	MINOR		01.7420 ACTIVE
000792 2 AURORA DOUBLE SHELF SECTIONS INCLUDES ADJ DIVIDERS	MINOR	SHELVING	01.7720 ACTIVE
000809 1 CURVED LEFT DIAMOND-DRIVE NE	MINOR		01.7420 RETIRED
000804 2 CARD READERS	MINOR		01.7800 ACTIVE
000811 1 CURVED RIGHT DIAMOND-DRIVE	MINOR		01.7420 RETIRED
000817 1 RHINO-LARYNGO-TRACHEO-FIBERSCOPE	MINOR		01.7440 ACTIVE
000814 3 ANCILLARY, HEADBANDS UL PLUS BI	MINOR		01.7420 RETIRED
000815 5 LG 26 HEALTHCARE LCD AND WALL MOUNTS"	MINOR		01.7430 ACTIVE
000818 10 SCOPE KEY LOCK CABINET	MINOR	CABINSTRU	01.7410 ACTIVE
000810 2 MTX-VP-HDSD12DV1S SCALER WIRE REMOTE	MINOR		01.7420 ACTIVE
000848 BARIATRIC-WING OFFICE: DESK, CHAIR, 7 FILE CABINET	MINOR		01.7400 ACTIVE
000847 LAB BUILDOUT: CASEWORK, CREDENZA/DESK, STOOL	MINOR		01.7500 ACTIVE
000834 TRAYS, BAYONETS, TIP GUARDS	MINOR		01.7420 ACTIVE
000836 DIAMOND-FLEX GRASPERS, BABCOCK DIAMOND-TOUCH GRASPERS	MINOR		01.7420 ACTIVE
000840 2 STORAGE RACKS AND 12 CONTAINER CARRIER W/4 BRACKETS	MINOR		01.7400 ACTIVE
000838 5 RIGHT ANGLE DIAMON-LINE DIS	MINOR		01.7420 ACTIVE
000835 SPINE INSTRUMENTS (ARM COLUMNS, COBB ELEVATORS, GOUGES)	MINOR		01.7420 ACTIVE
000839 30 GLOWSTER UHF-B MERLOT PATIENT PAGERS	MINOR		01.7420 ACTIVE
000842 10 CURVED RIGH AND LEFT DIAMOND-DRIVE NE, 4 DIAMON-FLEX GRASPERS	MINOR		01.7420 ACTIVE
000844 5 HEATING ELEMENTS, 8 TELESCOPES	MINOR	TELESCOPE	01.7420 ACTIVE
000849 8 FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	MINOR		01.7410 ACTIVE

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000850 3 TREATMENT RECLINERS	MINOR		01.7420 ACTIVE
000851 2 HOPKINS II TELESCOPE, 2 STERILIZATION TRAYS	MINOR		01.7420 ACTIVE
000852 IN-HOUSE BIOMED IN HOUSE TEST EQUIPMENT	MINOR		01.7690 ACTIVE
000854 5 DIAMOND FLEX TRIANGULAR RETRACTORS	MINOR	RETRAC	01.7420 ACTIVE
000855 1 TALENT PORTABLE BALANCE	MINOR	SCALECLIN	01.7500 ACTIVE
000866 PROCEDURE CART	MINOR	CARTUTIL	01.7420 ACTIVE
000868 6 CORE SUMEX DRILLS & ATTACHMENTS	MINOR		01.7420 ACTIVE
000867 1 ISOTEMP LABORATORY REFRIGERATOR	MINOR		01.7500 ACTIVE
000869 1 PORTABLE COLD PAN UNIT, 2 TRAY SLIDES	MINOR	CARTFOOD	01.7710 ACTIVE
000871 2 7' PEAPOD RONGEUR 2MM UP BITING	MINOR		01.7420 ACTIVE
000885 1 ULTRA REVEAL LUMBAR RETRACTOR SYSTEM	MINOR	RETRAC	01.7420 ACTIVE
000870 1 HOLDER, LEG (KNEE ARTHROSCOPY)	MINOR	ARTHROINST	01.7420 ACTIVE
000874 6 KERRISON RONGEURS (2 40DEG 4MM, 2 40DEG 3MM & 2 40DEG 2MM)	MINOR		01.7420 ACTIVE
000872 ENDO/BROW SET(DISECTORS,SPREADERS,SUCTION ELECTRODES,OTHER INST)	MINOR		01.7420 ACTIVE
000873 ENDO/BROW SET (DISSECTORS, BOVIECORD & OTHER SURG INSTRUMENTS)	MINOR		01.7420 ACTIVE
000886 1 VERSA-TRAC RETRACTOR SYSTEM	MINOR	RETRAC	01.7420 ACTIVE
000877 ENDO/BROW SET (RETRACTOR SYS HANDLE&KNOB SET, BLADES, SCOPE CAN)	MINOR		01.7420 ACTIVE
000878 ENDO/BROW SET (PUNCH, ENDOSCOPIC SCOPES, BLADES)	MINOR		01.7420 ACTIVE
000881 DISTAL FIBULA PLATE SET (PLATES, LOCKING SCREWS)	MINOR		01.7420 ACTIVE
000967 MCKESSON IMPLEMENTATION FEES FOR SERVICES DURING SET-UP PROCESS	MINOR		01.7550 ACTIVE
000884 5 ALARIS SIGNATURE INFUSION PUMPS	MINOR	PUMPINFU	01.7100 ACTIVE
000882 1 LAP BAND PLACER SET	MINOR		01.7420 ACTIVE
000879 2 ALARIS SIGNATURE INFUSION PUMPS	MINOR	PUMPINFU	01.7100 ACTIVE
000880 1 VERTEBRAL BODY SPREADER-ANGLED	MINOR		01.7420 ACTIVE
000883 1 DUAL PATIENT RETURN ELECTRODE	MINOR		01.7420 ACTIVE
000890 2 BARD CRITICORE MONITORS	MINOR	PTMONEQUIP	01.7420 ACTIVE
000891 10 REFURBISHED LIFECARE PCA 3 PUMPS	MINOR	PUMPINFU	01.7100 ACTIVE
000895 6 REFURB HOSPIRA LIFECARE PCA 3 PUMP	MINOR	PUMPINFU	01.7100 ACTIVE
000897 4 M3 PATIENT MONITORS PHILIPS REFUR	MINOR	PTMONEQUIP	01.7100 ACTIVE
000893 1 BARIATRIC STAND ON SCALE	MINOR	SCALECLIN	01.7300 ACTIVE
000892 1 HOMED CLS CART 31X19 5/8"X45"	MINOR		01.7430 ACTIVE
000894 2 ALARIS REFURBISHED SE7230 PUMPS DUAL CHAN	MINOR	PUMPINFU	01.7430 ACTIVE
000896 1 ESPRESSO4-DRAWER FILING CABINET	MINOR	CABFILE	01.7725 ACTIVE
000898 1 90 DEG DRILL ATTACHMEN-SHO FOR ELECTRIC PEN DRIVER/DR. GENECOV	MINOR		01.7420 ACTIVE
000900 CRANIOFACIAL SCREWDRIVER SET/GENECOV	MINOR		01.7420 ACTIVE
000902 1 ACCUTORRV,MASIMO MONITOR	MINOR	PTMONEQUIP	01.7300 ACTIVE
000899 10 FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	MINOR	FIBER	01.7420 ACTIVE
000901 ELECTRIC PEN DRIVERS, ATTACHMENTS & OTHER ACCESSORIE/DR. GENECOV	MINOR		01.7420 ACTIVE

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000888 1 CELL WASHER 2 PLUS 100/120/2	MINOR	CELLWASH	01.7500 ACTIVE
000889 1 OLYMPUS EVISEXERA GASTROSCOPE & 1 OLYMPUS EVISEXERA DUODENSCOP	MINOR		01.7420 ACTIVE
000907 PLASTIC CASES TO COMPLETE SETS FOR 2 DOCTORS	MINOR		01.7420 ACTIVE
000904 MACHINE WARMS PATIENT PLATES	MINOR		01.7710 ACTIVE
000913 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
000908 1 ULTRAVIEW MULTI-PARAMETER WIDE BAND DIGITAL TELEMETRY TRANSMIT	MINOR	TELEUNIT	01.7100 ACTIVE
000909 1 ULTRAVIEW MULTI-PARAMETER WIDE BAND DIGITAL TELEMETRY TRANSMIT	MINOR	TELEUNIT	01.7100 ACTIVE
000910 1 ULTRAVIEW MULTI-PARAMETER WIDE BAND DIGITAL TELEMETRY TRANSMIT	MINOR	TELEUNIT	01.7100 ACTIVE
000982 FOREST PARK BUILDING SIGNAGE PER DRAWINGS(N ELEVATION-6' LOGO)	MINOR	SIGN	01.7690 ACTIVE
000983 FOREST PARK BUILDING SIGNAGE PER DRAWINGS(S ELEVATION)	MINOR	SIGN	01.7690 ACTIVE
000937 1 ALARIS SIGNATURE INFUSION PUM REF	MINOR	PUMPINFU	01.7100 ACTIVE
000938 1 ALARIS SIGNATURE INFUSION PUM REF	MINOR	PUMPINFU	01.7100 ACTIVE
000939 1 ALARIS SIGNATURE INFUSION PUM REF	MINOR	PUMPINFU	01.7100 ACTIVE
000940 1 ALARIS SIGNATURE INFUSION PUM REF	MINOR	PUMPINFU	01.7100 ACTIVE
000941 1 ALARIS SIGNATURE INFUSION PUM REF	MINOR	PUMPINFU	01.7100 ACTIVE
000942 1 ALARIS SIGNATURE INFUSION PUM REF	MINOR	PUMPINFU	01.7100 ACTIVE
000943 1 ALARIS SE7230 PUMP DUAL CHAN REFURB	MINOR	PUMPINFU	01.7100 ACTIVE
000944 1 ALARIS SE7230 PUMP DUAL CHAN REFURB	MINOR	PUMPINFU	01.7100 ACTIVE
000945 1 ALARIS SE7230 PUMP DUAL CHAN REFURB	MINOR	PUMPINFU	01.7100 ACTIVE
000946 1 ALARIS SE7230 PUMP DUAL CHAN REFURB	MINOR	PUMPINFU	01.7100 ACTIVE
000911 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
000912 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
000914 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
000929 1 PHILIPS M3 PATIENT MONITOR & STAND (REFUR)	MINOR	PTMONEQUIP	01.7100 ACTIVE
000930 1 PHILIPS M3 PATIENT MONITOR & STAND (REFUR)	MINOR	PTMONEQUIP	01.7100 ACTIVE
000931 1 PHILIPS M3 PATIENT MONITOR & STAND (REFUR)	MINOR	PTMONEQUIP	01.7100 ACTIVE
000932 1 DND CAMERA (1288 CAMERA HEAD & COUPLER KIT)&1 PKG.,FIBEROPTIC	MINOR	DNDCAMERA	01.7420 ACTIVE
000933 1 DND CAMERA (1288 CAMERA HEAD & COUPLER KIT)&1 PKG.,FIBEROPTIC	MINOR	DNDCAMERA	01.7420 ACTIVE
000950 1 INFUSION PUMP ONLY INFILTRATION/TU	MINOR	PUMPINFU	01.7420 ACTIVE
000951 1 INFUSION PUMP ONLY INFILTRATION/TU	MINOR	PUMPINFU	01.7420 ACTIVE
000936 1 ZEBRA BB-ZM400E+ (BLOOD BANK LABEL PRINTER)	MINOR	PRINTERBLO	01.7520 ACTIVE
000934 LFT & RT DIAMOND JAW CVD NEEDLEHOLDERS	MINOR		01.7420 ACTIVE
000935 LFT & RT DIAMOND JAW CVD NEEDLEHOLDERS	MINOR		01.7420 ACTIVE
000953 1 STRYKER EVACUATION CHAIR	MINOR		01.7690 ACTIVE
000947 1 ENDOSCOPIC JACOBSON NEEDLE HOLDER ROUND HANDLE 5MM	MINOR		01.7420 ACTIVE
000948 1 ENDOSCOPIC CHITWOOD KNOT TIER/PUSHER 30 DEGREE ANGLED	MINOR		01.7420 ACTIVE
000949 1 MICRO FORCEPS, ROUND HANDLE BAYONET STYLE, DIAMOND DUST	MINOR		01.7420 ACTIVE
000954 1 2LINE DECONTAMINATION SYSTEM	MINOR		01.7690 ACTIVE

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000955 1 LFT & 1 RT DIAMOND JAW CVD NEEDLEHOLDERS	MINOR	01.7420 ACTIVE
000956 1 LFT & 1 RT DIAMOND JAW CVD NEEDLEHOLDERS	MINOR	01.7420 ACTIVE
000961 1 ARTHREX BIRDBEAK EVOLUTION ORTHO INSTRUMENT SET(45 DEG UP TIP)	MINOR	01.7420 ACTIVE
000962 1 ARTHREX BIRDBEAK EVOLUTION ORTHO INSTRUMENT SET(22 DEG UP TIP)	MINOR	01.7420 ACTIVE
000963 1 WISHBONE INSTRUMENT CASE FOR ARTHREX BIRDBEAK EVOLUTION ORTHO	MINOR	01.7420 ACTIVE
000966 1 ARTHREX ARTHROSCOPY PUMP SYSTEM	MINOR	01.7420 ACTIVE
000960 1 WIRE INSTRUMENT & IMPLANT SET	MINOR	01.7420 ACTIVE
000964 1 ARTHREX BIRDBEAK EVOLUTION ORTHO INSTRUMENT SET(STRGHT TIP)	MINOR	01.7420 ACTIVE
000957 1 THERMAL PRINTER W/INTERNAL ETHERNET	MINOR	PRINTERBLO 01.7520 ACTIVE
000958 1 BARCODE SCANNER WITH USB KIT & USB CABLE	MINOR	01.7520 ACTIVE
000965 1 ARTHREX BIRDBEAK EVOLUTION ORTHO INSTRUMENT SET(DEG. UP CURVE)	MINOR	01.7420 ACTIVE
000959 1 OLYMPUS VIDEO SIGMOIDOSCOPE	MINOR	01.7420 ACTIVE
001180 1 BONE RONGUER 8MM	MINOR	01.7420 ACTIVE
001181 1 ALIF DISC RONGEUR STRAIGHT 5MM	MINOR	01.7420 ACTIVE
001182 1 ALIF DISC RONGEUR ANGLED 5MM	MINOR	01.7420 ACTIVE
001183 1 ALIF DISC RONGEUR STRAIGHT 3MM	MINOR	01.7420 ACTIVE
001184 1 ALIF DISC RONGEUR ANGLED 3MM	MINOR	01.7420 ACTIVE
001185 1 UALIF DISCECTOMY CASE	MINOR	01.7420 ACTIVE
000974 1 FLEXIBLE INTUBATION SCOPE, 5.2MMX65CM	MINOR	01.7440 ACTIVE
000981 SECURITY UPGRADE WITH CAMERAS	MINOR	01.7690 ACTIVE
000975 1 LG 47 1080P HDTV LCD & WALL MOUNT"	MINOR	01.7760 ACTIVE
001084 BARIATRICS 4 WORKSTATION CHAIRS - (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001085 BARIATRICS FURNITURE - OFFICE 1 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001086 BARIATRICS FURNITURE - OFFICE 2 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001087 BARIATRICS FURNITURE - OFFICE 3 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001088 BARIATRICS FILE ROOM & BACK CALLING CNTR- (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001089 BARIATRICS WAITING AREA & PT ROOMS - (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001090 BARIATRICS - WORKSTATION 1 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001091 BARIATRICS - WORKSTATION 2 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001092 BARIATRICS - WORKSTATION 3 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001093 BARIATRICS - WORKSTATION 4 (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001094 BARIATRICS -1 MIXIU84 OFFICE MASTER CHAIR (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001095 BARIATRICS -1 CHARLES ALAN END TBLE (MOB PHASE II STE 300)	MINOR	01.7400 ACTIVE
001049 BUSINESS OFFICE 13 WORKSTATION CHAIRS - (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001050 BUSINESS OFFICE FILE ROOM FURNITURE - (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001052 BUSINESS OFFICE FURNITURE - OFFICE 1 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001053 BUSINESS OFFICE FURNITURE - OFFICE 2 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001054 BUSINESS OFFICE FURNITURE - OFFICE 3 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE

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001055 BUSINESS OFFICE 2 WORKSTATION CHAIRS - (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001071 BUSINESS OFFICE - WORKSTATION 1 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001072 BUSINESS OFFICE - WORKSTATION 2 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001073 BUSINESS OFFICE - WORKSTATION 3 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001074 BUSINESS OFFICE - WORKSTATION 4 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001075 BUSINESS OFFICE - WORKSTATION 5 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001076 BUSINESS OFFICE - WORKSTATION 6 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001077 BUSINESS OFFICE - WORKSTATION 7 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001078 BUSINESS OFFICE - WORKSTATION 8 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001079 BUSINESS OFFICE - WORKSTATION 9 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001080 BUSINESS OFFICE - WORKSTATION 10 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001081 BUSINESS OFFICE - WORKSTATION 11 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001082 BUSINESS OFFICE - WORKSTATION 12 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001083 BUSINESS OFFICE - WORKSTATION 13 (MOB PHASE II STE 310)	MINOR	01.7720 ACTIVE
001056 ACCOUNTING - WORKSTATION 1 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001057 ACCOUNTING - WORKSTATION 2 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001058 ACCOUNTING - WORKSTATION 3 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001059 ACCOUNTING - WORKSTATION 4 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001060 ACCOUNTING - WORKSTATION 5 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001061 ACCOUNTING - WORKSTATION 6 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001062 ACCOUNTING - WORKSTATION 7 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001063 ACCOUNTING - WORKSTATION 8 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001064 ACCOUNTING 10 WORKSTATION CHAIRS (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001065 ACCOUNTING OFFICE FILE ROOM FURNITURE - (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001067 ACCOUNTING FURNITURE - OFFICE 1 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001068 ACCOUNTING FURNITURE - OFFICE 2 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001069 ACCOUNTING FURNITURE - OFFICE 3 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001070 ACCOUNTING FURNITURE - OFFICE 4 (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001177 PHASE II BCM VOICE & DATA TELEPHONE SYSTEM	MINOR	01.7760 ACTIVE
001178 PHASE II NETWORK EQUIP & INSTALL DATA & WIRELESS ACCESS POINTS	MINOR	01.7760 ACTIVE
001179 PHASE II UPS EQUIPMENT & INSTALL	MINOR	01.7760 ACTIVE
001048 BREAKROOM FURNITURE - (MOB PHASE II 2ND FLOOR)	MINOR	01.7800 ACTIVE
001051 FURNITURE FOR CONFERENCE ROOMS 1 - (MOB PHASE II 3RD FLOOR)	MINOR	01.7800 ACTIVE
001066 FURNITURE FOR CONFERENCE ROOM 2 - (MOB PHASE II 2ND FLOOR)	MINOR	01.7800 ACTIVE
001041 MARKETING FURNITURE - MEETING AREA (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE
001042 MARKETING FURNITURE - OFFICE 1 (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE
001043 MARKETING FURNITURE - OFFICE 2 (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE
001044 MARKETING FURNITURE - OFFICE 3 (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE

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001045 MARKETING FURNITURE - OFFICE 4 (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE
001046 MARKETING FURNITURE - OFFICE 5 (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE
001047 MARKETING FURNITURE - OFFICE 6 (MOB PHASE II STE 360)	MINOR	01.7845 ACTIVE
000977 6 VS800 MONITORS, 6 VS800 ACESSORY KIT, 6 ROLLSTANDS	MINOR	01.7100 ACTIVE
000978 2 ENDOSCOPIC JACOBSON NEEDLE HOLDERS ROUND HANDLE 5MM 30 DEG	MINOR	01.7420 ACTIVE
000979 2 ENDOSCOPIC CHITWOOD KNOT TIER/PUSHER 30 DEGREE ANGLED DOWN	MINOR	01.7420 ACTIVE
000980 1 MICRO FORCEPS,ROUND HANDLE BAYONET STYLE	MINOR	01.7420 ACTIVE
000991 CARBON LIGHTS HOURGLASS TABLE WITH 2 PAD SET"	MINOR	01.7420 ACTIVE
000976 6 ARH 22 IRON INTERN W3/D SWINGER,6SST-1 STERILIZING TRAY,6 LC-"	MINOR	01.7420 ACTIVE
000987 1 47 LCD HDTV (MOB STE 440)"	MINOR	01.7800 ACTIVE
000988 1 47 LCD HDTV (MOB STE 440)"	MINOR	01.7800 ACTIVE
000989 1 32 LCD HDTV (MOB STE 440)"	MINOR	01.7800 ACTIVE
000990 1 32 LCD HDTV (MOB STE 440)"	MINOR	01.7800 ACTIVE
000993 1 RADIOFREQUENCY (RF) MULTIGEN, CABLES & CABLE TAG SET	MINOR	01.7420 ACTIVE
000994 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
000995 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
000996 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
000997 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
000998 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
000999 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001000 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001001 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001002 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001003 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001004 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001005 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001006 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001007 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001008 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001009 1 100MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001010 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001011 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001012 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001013 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001014 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001015 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001016 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE
001017 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR	01.7420 ACTIVE

TABLEORTHO

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001018 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001019 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001020 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001021 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001022 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001023 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001024 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001025 1 150MM MONOPOLAR NITINOL ELECTRODE	MINOR		01.7420 ACTIVE
001026 1 IMAGE1 H3-Z HIGH DEF 3-CHIP CAMERA HEAD,1 LIGHT CABLE,1 TRAY	MINOR		01.7420 ACTIVE
001027 1 IMAGE1 H3-Z HIGH DEF 3-CHIP CAMERA HEAD,1 LIGHT CABLE,1 TRAY	MINOR		01.7420 ACTIVE
001028 1 IMAGE1 H3-Z HIGH DEF 3-CHIP CAMERA HEAD,1 LIGHT CABLE,1 TRAY	MINOR		01.7420 ACTIVE
001029 1 IMAGE1 H3-Z HIGH DEF 3-CHIP CAMERA HEAD,1 LIGHT CABLE,1 TRAY	MINOR		01.7420 ACTIVE
001030 1 IMAGE1 H3-Z HIGH DEF 3-CHIP CAMERA HEAD,1 LIGHT CABLE,1 TRAY	MINOR		01.7420 ACTIVE
001031 1 IMAGE1 H3-Z HIGH DEF 3-CHIP CAMERA HEAD,1 LIGHT CABLE,1 TRAY	MINOR		01.7420 ACTIVE
001032 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAVABLE	MINOR		01.7420 ACTIVE
001033 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAV,1 STERIL TRAY	MINOR		01.7420 ACTIVE
001034 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAV,1 STERIL TRAY	MINOR		01.7420 ACTIVE
001035 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAV,1 STERIL TRAY	MINOR		01.7420 ACTIVE
001036 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAV,1 STERIL TRAY	MINOR		01.7420 ACTIVE
001037 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAV,1 STERIL TRAY	MINOR		01.7420 ACTIVE
001038 1 HOPKINS II 0 DEGREE TELESCOPE,10MMX42CM,AUTOCLAV,1 STERIL TRAY	MINOR		01.7420 ACTIVE
000992 TOTAL KNEE TRAY (1CUTTING BLOCK, 6CUTTING GUIDES & 1LOWER TRAY)	MINOR		01.7420 ACTIVE
001106 1 BASIC CONSOLE FOR ELECTRIC PEN DRIVE - LOT: 1258	MINOR		01.7420 ACTIVE
001203 1 V-CARE WITH INNER ROD ATTACHED	MINOR		01.7420 ACTIVE
001171 MOB PHASE II STE 200 FURNITURE	MINOR		01.7800 ACTIVE
001172 MOB PHASE II STE 250 FURNITURE	MINOR		01.7800 ACTIVE
001101 1 LYSONIX LIPOSUCTION SET	MINOR		01.7420 ACTIVE
001192 1 PHILIPS M3 PATIENT MONITOR & STAND (REFUR)	MINOR	PTMONEQUIP	01.7800 ACTIVE
001193 1 PHILIPS M3 PATIENT MONITOR & STAND (REFUR)	MINOR	PTMONEQUIP	01.7800 ACTIVE
001039 1 FLEXBACK APRON - PROLITE SUPREME (OUTSIDE:PURPLE)	MINOR	APRONLEAD	01.7420 ACTIVE
001040 1 FLEXBACK APRON - PROLITE SUPREME (OUTSIDE:PURPLE)	MINOR	APRONLEAD	01.7420 ACTIVE
001096 1 HOPKINS II 0 DEGREE TELESCOPE, 10MMX42CM, AUTOCLAVABLE	MINOR		01.7420 ACTIVE
001111 1 ASPIRATOR IV LIPO MACHINE, TUMESCENT HDL, CANNULAS	MINOR		01.7420 ACTIVE
001097 1 HOPKINS II 0 DEGREE TELESCOPE, 10MMX42CM, AUTOCLAVABLE	MINOR		01.7420 ACTIVE
001098 1 HOPKINS II 0 DEGREE TELESCOPE, 10MMX42CM, AUTOCLAVABLE	MINOR		01.7420 ACTIVE
001099 3 ANTERIOR RONGEURS 153MM & 3 ANTERIOR/LAMINECTORMY FORCEPS"	MINOR		01.7420 ACTIVE
001107 1 ELMED STOOL W/O BACKREST	MINOR		01.7420 ACTIVE
001198 1 HOPKINS II 0 DEGREE TELESCOPE, 10MMX42CM, AUTOCLAVABLE	MINOR		01.7420 ACTIVE

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001199 1 HOPKINS II 0 DEGREE TELESCOPE, 10MMX42CM, AUTOCLAVABLE	MINOR	01.7420 ACTIVE
001197 1 SMART PUMP SINGLE CHANNEL & ROLLING STAND	MINOR	01.7420 ACTIVE
001102 1 MICRO FORCEPS, ROUND HANDLE BAYONET STYLE	MINOR	01.7420 ACTIVE
001195 1 DIGITAL STATION MODULE,DSM32+,INSTALL, PATCH PANEL & CABLE	MINOR	01.7760 ACTIVE
001204 1 TALL ISO CART 4 DWR26/1/2X22X43	MINOR	CARTSUPP 01.7410 ACTIVE
001186 1 BARIATRIC EXAM TABLE & STOOL	MINOR	01.7800 RETIRED
001187 1 BARIATRIC EXAM TABLE & STOOL	MINOR	01.7800 RETIRED
001188 1 BARIATRIC EXAM TABLE & STOOL	MINOR	01.7800 RETIRED
001189 1 BARIATRIC EXAM TABLE & STOOL	MINOR	01.7800 RETIRED
001190 1 BARIATRIC EXAM TABLE & STOOL	MINOR	01.7800 RETIRED
001191 1 BARIATRIC EXAM TABLE & STOOL	MINOR	01.7800 ACTIVE
001100 1 RYCOR HAND SURGERY TABLE AND TABLE PAD	MINOR	01.7420 ACTIVE
001104 1 MEGA SOFT SINGLE CORD 1Z84X1050149671566, LOT ID:03639016	MINOR	01.7420 ACTIVE
001205 1 CART TRT-5 DRAWER AUTUMN WHITE	MINOR	CARTSUPP 01.7410 ACTIVE
001105 1 RUMI/KRONNER POST SET	MINOR	01.7420 ACTIVE
001112 1 VS800, ACCESSORY KIT & ROLLSTAND (VITAL SIGNS MONITOR)	MINOR	01.7100 ACTIVE
001113 1 VS800, ACCESSORY KIT & ROLLSTAND (VITAL SIGNS MONITOR)	MINOR	01.7100 ACTIVE
001114 1 VS800, ACCESSORY KIT & ROLLSTAND (VITAL SIGNS MONITOR)	MINOR	01.7100 ACTIVE
001115 1 VS800, ACCESSORY KIT & ROLLSTAND (VITAL SIGNS MONITOR)	MINOR	01.7100 ACTIVE
001109 1 SCOPE CASH, 94X41"X13 SLIDE/LOCK"	MINOR	01.7410 ACTIVE
001169 1 ABL 90 ANALIZER	MINOR	01.7500 ACTIVE
001170 1 ABL 90 ANALIZER	MINOR	01.7500 ACTIVE
001110 1 AMSCO3080(400LBS), 1 LED LIGHTS, 2 PEDIGO TABLES STAINLESS	MINOR	01.7800 ACTIVE
001173 2 2DRAWER LATERAL FILES-9300P SERIES (MOB PHASE II STE 350)	MINOR	01.7750 ACTIVE
001116 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001117 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001118 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001119 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001120 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001121 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001122 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001123 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001124 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001125 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001126 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001127 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001128 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001129 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE

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001130 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001131 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001132 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001133 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001134 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001135 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001136 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001137 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001138 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001139 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001140 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001141 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001142 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001143 1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	01.7100 ACTIVE
001144 1 HOSPIRA PLUM A+ 3 CHAN REVISION 13.2	MINOR	01.7100 ACTIVE
001145 1 HOSPIRA PLUM A+ 3 CHAN REVISION 13.2	MINOR	01.7100 ACTIVE
001146 1 HOSPIRA PLUM A+ 3 CHAN REVISION 13.2	MINOR	01.7100 ACTIVE
001147 1 HOSPIRA PLUM A+ 3 CHAN REVISION 13.2	MINOR	01.7100 ACTIVE
001148 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001149 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001150 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001151 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001152 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001153 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001154 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001155 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001156 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001157 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001158 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001159 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001160 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001161 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001162 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001163 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001164 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001165 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001166 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE
001167 1 LIFECARE PCA3 PUMP REFURB	MINOR	01.7100 ACTIVE

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001174 6 RIGHT D-DRIVE NEEDLE HOLDERS	MINOR		01.7420 ACTIVE
001175 6 LEFT D-DRIVE NEEDLE HOLDERS	MINOR		01.7420 ACTIVE
001194 1 M3 PATIENT MONITOR, 1 ZOLL AED+PDGW, 1 SUNMED INTUB KIT, 1SCHU	MINOR	PTMONEQUIP	01.7800 ACTIVE
001176 1 PRINTER (RF MACHINE)	MINOR		01.7420 ACTIVE
001207 1 ALUMINUM TABLE W/3 MIRROS (STE440)	MINOR		01.7800 ACTIVE
001213 1 DEPUY HIP REAMER SET	MINOR		01.7420 ACTIVE
001214 CUSTOM BLOCKS & STYLUS SET	MINOR		01.7420 ACTIVE
001211 1 BLANKET WARMER TABLE TOP (DELUXE)	MINOR		01.7300 ACTIVE
001215 1 DEPUY EXCEL T-HANDLE	MINOR		01.7420 ACTIVE
001278 1 HOPKINS II ODEG 10MM42CM	MINOR		01.7420 ACTIVE
001279 1 HOPKINS II ODEG 10MM42CM	MINOR		01.7420 ACTIVE
001280 1 HOPKINS II ODEG 10MM42CM	MINOR		01.7420 ACTIVE
001281 1 HOPKINS II ODEG 10MM42CM	MINOR		01.7420 ACTIVE
001282 1 HOPKINS II 45DEG 10MM42CM	MINOR		01.7420 ACTIVE
001283 1 HOPKINS II 45DEG 10MM42CM	MINOR		01.7420 ACTIVE
001284 1 HOPKINS II 45DEG 10MM42CM	MINOR		01.7420 ACTIVE
001285 1 HOPKINS II 45DEG 10MM42CM	MINOR		01.7420 ACTIVE
001289 SMARTCALL PAGING SYSTEM (PRE-OP/PACU)	MINOR		01.7430 ACTIVE
001274 1 VERIFYNOW INSTRUMENT & PRINTER	MINOR		01.7500 ACTIVE
001342 1 42 LG HDTV AND WALL MOUNT BRACKET(MOB PHASE2 3RD FLR)"	MINOR		01.7800 ACTIVE
001343 1 PROJECTOR & SCREEN WITH ALL HARDWARE & CON(MOB PHASE2 3RD FLR)	MINOR		01.7800 ACTIVE
001275 1 SOLACELL BARIATRIC RECLINER & ATTACHMENTS	MINOR		01.7100 ACTIVE
001276 1 SOLACELL BARIATRIC RECLINER & ATTACHMENTS	MINOR		01.7100 ACTIVE
001277 1 SOLACELL BARIATRIC RECLINER & ATTACHMENTS	MINOR		01.7100 ACTIVE
001309 1 ARC WRIST TOWER & ATTACHMENTS FOR ARTHROSCOPY PROCEDURES	MINOR		01.7420 ACTIVE
001287 1 SUTURE RETRIEVER	MINOR		01.7420 ACTIVE
001331 1 PLATE-BENDING PRESS	MINOR		01.7420 ACTIVE
001339 1 300E FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	MINOR		01.7420 ACTIVE
001340 1 300E FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	MINOR		01.7420 ACTIVE
001341 1 300E FLEXIBLE FIBEROPTIC ENDOSCOPE (.9MM)	MINOR		01.7420 ACTIVE
001291 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001292 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001293 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001294 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001295 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001296 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001297 1 HOSPIRA PLUM A REVISION 13.2	MINOR	PUMPINFU	01.7100 ACTIVE
001306 1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE

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001307	1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001308	1 HOSPIRA PLUM A+ 3-CHANNEL REV. 13.2 MEDINET READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001298	1 BAXTER INFUS OR PUM, PROPOFOL SMT	MINOR	PUMPINFU	01.7440 ACTIVE
001299	1 BAXTER INFUS OR PUM, PROPOFOL SMT	MINOR	PUMPINFU	01.7440 ACTIVE
001315	3 72 STORAGE CABINETS, PUTTY"	MINOR		01.7800 ACTIVE
001310	1 HD 4MM X 30degree LONG ARTROSCOPE, CANNULA(PKG), OBTURATOR(PKG)	MINOR	ARTHRO	01.7420 ACTIVE
001311	1 HD 4MM X 30degree LONG ARTROSCOPE, CANNULA(PKG), OBTURATOR(PKG)	MINOR	ARTHRO	01.7420 ACTIVE
001300	MAESTRO ATTACHMENTS, CASE & NSE FOOTSWITCH	MINOR		01.7420 ACTIVE
001301	MAESTRO ATTACHMENTS, CASE & NSE FOOTSWITCH	MINOR		01.7420 ACTIVE
001302	MAESTRO ATTACHMENTS, CASE & NSE FOOTSWITCH	MINOR		01.7420 ACTIVE
001303	MAESTRO ATTACHMENTS & CASE	MINOR		01.7420 ACTIVE
001304	MAESTRO ATTACHMENTS & CASE	MINOR		01.7420 ACTIVE
001305	MAESTRO ATTACHMENTS & CASE	MINOR		01.7420 ACTIVE
001329	1 LONG ARTHROSCOPE WITH CANNULA (PKG),PENCIL OBTURATOR(PKG)	MINOR	ARTHRO	01.7420 RETIRED
001330	1 LONG ARTHROSCOPE WITH CANNULA (PKG),PENCIL OBTURATOR(PKG)	MINOR	ARTHRO	01.7420 RETIRED
001334	1 STEINER ORAL RETRACTOR SET	MINOR		01.7420 ACTIVE
001350	2 SUTURE RETRIEVER, 3.4MM 15 DEG UP	MINOR		01.7420 ACTIVE
001335	1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	PUMPINFU	01.7300 ACTIVE
001336	1 HOSPIRA PLUM A REVISION 13.2 (IMED PUMP)	MINOR	PUMPINFU	01.7300 ACTIVE
001356	7 NETONE CLOCK TIME & DATA TERMINALS	MINOR	EQUIPMENT	01.7760 ACTIVE
001351	1 3-POINT SHOULDER DISTRACTION SYSTEM	MINOR		01.7420 ACTIVE
001348	1 DTOUCH CROCODILE GRASPER SINGLE ACTION 5MM, 45CM	MINOR		01.7420 ACTIVE
001349	1 DTOUCH CROCODILE GRASPER SINGLE ACTION 5MM, 45CM	MINOR		01.7420 ACTIVE
001352	1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY PUMPS	MINOR	PUMPINFU	01.7300 ACTIVE
001353	1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY PUMPS	MINOR	PUMPINFU	01.7300 ACTIVE
001354	1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY PUMPS	MINOR	PUMPINFU	01.7300 ACTIVE
001355	1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY PUMPS	MINOR	PUMPINFU	01.7300 ACTIVE
002027	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002028	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002029	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002030	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002031	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002032	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002033	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002034	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002035	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
002036	PLUM A+REV 13.2 MEDINET READY	MINOR		01.7420 ACTIVE
001357	1 ENDOSCOPE STEREO 8.5MM 0 DEG SCHOELLY, CANNULA & CANNULA SEAL	MINOR		01.7420 ACTIVE

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001362 1 HOPKINS II 45DEG 5MM 42CM	MINOR		01.7420 ACTIVE
001363 1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001364 1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001365 1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001366 1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001367 1 HOSPIRA PLUM A+ REVISION 13.2 MEDINET SOFTWARE READY REFURB	MINOR	PUMPINFU	01.7430 ACTIVE
001368 1 HOSPIRA PLUM A+ 3-CHANNEL REVISION 13.2MEDINET SOFTWARE & STAN	MINOR	PUMPINFU	01.7430 ACTIVE
001369 1 HOSPIRA PLUM A+ 3-CHANNEL REVISION 13.2MEDINET SOFTWARE & STAN	MINOR	PUMPINFU	01.7430 ACTIVE
001371 1 LEFT & RIGHT RECTRACTOR	MINOR		01.7420 ACTIVE
001372 1 LEFT & RIGHT RECTRACTOR	MINOR		01.7420 ACTIVE
001395 BARIATRICS 9 WORKSTATION CHAIRS - (MOB PHASE II 4TH FLOOR)	MINOR		01.7400 ACTIVE
001402 BARIATRICS OFFICE#2(2) 2DRAWER FILE CABINETS(MOB PHASE II 4THFL)	MINOR		01.7400 ACTIVE
001409 BARIATRICS - OFFICE#2 DOORS FOR ZIRA CABINETS(MOB PHASEII 4THFL)	MINOR		01.7400 ACTIVE
001410 BARIATRICS OFFICE#2 ZIRA BOOKCASE/ESSPRESSO(MOB PHASE II 4TH FL)	MINOR		01.7400 ACTIVE
001431 BARIATRICS - WORKSTATION 1 (MOB PHASE II 4TH FLOOR)	MINOR		01.7400 ACTIVE
001432 BARIATRICS - WORKSTATION 2 (MOB PHASE II 4TH FLOOR)	MINOR		01.7400 ACTIVE
001433 BARIATRICS - WORKSTATION 3 (MOB PHASE II 4TH FLOOR)	MINOR		01.7400 ACTIVE
001434 BARIATRICS - WORKSTATION 4 (MOB PHASE II 4TH FLOOR)	MINOR		01.7400 ACTIVE
001435 BARIATRICS - WORKSTATION 5 (MOB PHASE II 4TH FLOOR)	MINOR		01.7400 ACTIVE
001397 BUSINESS OFFICE 1 WORKSTATION CHAIR - (MOB PHASE II 4TH FLOOR)	MINOR		01.7720 ACTIVE
001401 BUSINESS OFFICE-OFFICE#1 DOORS FOR ZIRA CABINETS(PHASEII 4THFL)	MINOR		01.7720 ACTIVE
001404 BUSINESS OFFICE#1 (2) 2DRAWER FILE CABINETS(MOB PHASE II 4TH FL)	MINOR		01.7720 ACTIVE
001405 BUSINESS OFFICE#1 ZIRA BOOKCASE/ESSPRESSO(MOB PHASE II 4TH FL)	MINOR		01.7720 ACTIVE
001406 BUSI OFFICE-WORKSTATION 1 + COST OF MOVE(MOB PHASE II 4TH FLOOR)	MINOR		01.7720 ACTIVE
001407 BUSI OFFICE-WORKSTATION 2 + COST OF MOVE(MOB PHASE II 4TH FLOOR)	MINOR		01.7720 ACTIVE
001408 BUSI OFFICE-WORKSTATION 3 + COST OF MOVE(MOB PHASE II 4TH FLOOR)	MINOR		01.7720 ACTIVE
001436 1 BARRACUDA SPYWARE FIREWALL 410	MINOR		01.7760 ACTIVE
001392 BREAKROOM FURNITURE - (MOB PHASE II 4TH FLOOR)	MINOR		01.7800 ACTIVE
001393 (2) 4 DRAWER LATERAL FILE CABINETS (FOR IN-HOUSE COUNSEL)	MINOR		01.7820 ACTIVE
001394 (1) 4 DRAWER LATERAL FILE CABINETS (MOB PHASE II 4TH FLOOR)	MINOR		01.7820 ACTIVE
001427 SHARED SERVICE OFFI#4(2)2 DRAWER FILE CABINET(MOB PHASE II4THFL)	MINOR		01.7820 ACTIVE
001428 SHARED SERVICES-OFFICE#4 ZIRABOOKCASE/ESSPR(MOB PHASE II 4THFL)	MINOR		01.7820 ACTIVE
001429 SHARED SERVICES-OFFICE#4 DOORS FOR ZIRA CABINETS(PHASEII 4THFL)	MINOR		01.7820 ACTIVE
001430 SHARED SERVICES-OFFICE#5 DOORS FOR ZIRA CABINETS(PHASEII 4THFL)	MINOR		01.7820 ACTIVE
001396 CREDENTIAL 3 WORKSTATION CHAIRS - (MOB PHASE II 4TH FLOOR)	MINOR		01.7830 ACTIVE
001398 CREDENTIAL-WORKSTATION 1 + COST OF MOVE (MOB PHASE II 4TH FLOOR)	MINOR		01.7830 ACTIVE
001399 CREDENTIAL-WORKSTATION 2 + COST OF MOVE (MOB PHASE II 4TH FLOOR)	MINOR		01.7830 ACTIVE
001400 CREDENTIAL-WORKSTATION 3 + COST OF MOVE (MOB PHASE II 4TH FLOOR)	MINOR		01.7830 ACTIVE

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001403 CREDENTIAL OFFIC#3 (2) 2DRAWER FILE CABINET(MOB PHASE II 4TH FL)	MINOR		01.7830 ACTIVE
001411 CREDENTIAL OFFICE#3 (2)5 DRAWER LATER FILE(MOB PHASE II 4TH FL)	MINOR		01.7830 ACTIVE
001412 CREDENTIAL OFFICE#3 ZIRA BOOKCASE/ESSPRESSO(MOB PHASE II 4TH FL)	MINOR		01.7830 ACTIVE
001413 CREDENTIALING - OFFICE#3 DOORS FOR ZIRA CABINETS(PHASEII 4THFL)	MINOR		01.7830 ACTIVE
001414 SCHEDULING 12 WORKSTATION CHAIRS -(MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001415 SCHEDULING - WORKSTATION 1 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001416 SCHEDULING - WORKSTATION 2 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001417 SCHEDULING - WORKSTATION 3 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001418 SCHEDULING - WORKSTATION 4 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001419 SCHEDULING - WORKSTATION 5 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001420 SCHEDULING - WORKSTATION 6 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001421 SCHEDULING - WORKSTATION 7 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001422 SCHEDULING - WORKSTATION 8 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001423 SCHEDULING - WORKSTATION 9 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001424 SCHEDULING - WORKSTATION 10 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001425 SCHEDULING - WORKSTATION 11 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
001426 SCHEDULING - WORKSTATION 12 (MOB PHASE II 4TH FLOOR)	MINOR		01.7840 ACTIVE
002037 CER/LUMBAR SETS	MINOR		01.7420 ACTIVE
002266 CO2 HC CONSOLE STAFF CONSOLE	MINOR		01.7800 ACTIVE
001852 1 MADDUX SOFA, 87 INCH, BLACK	MINOR	SOFA	01.7800 ACTIVE
001846 CARD READERS TO ER DOORS	MINOR		01.7300 ACTIVE
002260 1 ZEBRA CARD PRINTER, PRINTER RIBBONS&CLEARNING CARD KIT(BADGES)	MINOR		01.7760 ACTIVE
002261 1 22X70 CLARUS CLEAR GLASSBOARD	MINOR		01.7800 ACTIVE
002259 2 45DEGREE ANGLE DRILLS & 12 DRILL BITS	MINOR		01.7420 ACTIVE
002341 1 FOUR DOOR LATERAL FILE	MINOR		01.7800 ACTIVE
002349 ANESTHESIA MACHINE PARTS EAR CLIP PULSE OX PROBES	MINOR	ANESUNIT	01.7440 ACTIVE
001212 1 DRE WAVELINE EZ (ANES MACHINE/ASCENDANT)	MINOR		01.7800 ACTIVE
001208 1 SOLACELL BARIATRIC RECLINER	MINOR	CHAIRSPEC	01.7420 ACTIVE
001209 1 SOLACELL BARIATRIC RECLINER	MINOR	CHAIRSPEC	01.7420 ACTIVE
001210 1 SOLACELL BARIATRIC RECLINER	MINOR	CHAIRSPEC	01.7420 ACTIVE
002409 (24)PLUM A+REV MEDINET READY, IV STAND (19)	MINOR	PUMPINFU	01.7100 ACTIVE
002396 EPIDURAL PUMPS (3)	MINOR	PUMPINFU	01.7101 ACTIVE
002402 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7101 ACTIVE
002403 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7101 ACTIVE
002404 56 SERIES JADE BARIATRIC RECLINER	MINOR	SOFA	01.7101 ACTIVE
002405 56 SERIES JADE BARIATRIC RECLINER	MINOR	SOFA	01.7101 ACTIVE
002393 MORPHBOARDS	MINOR		01.7420 ACTIVE
002397 T COAT MICRO HDL KERR (2)	MINOR		01.7420 ACTIVE

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002398 VAPR VUE GENERATOR	MINOR	GENER	01.7420 ACTIVE
002401 MORPHBOARDS	MINOR		01.7420 ACTIVE
002406 CRANI POINTER WITH BLUNT TIP & TRAY	MINOR		01.7420 ACTIVE
002407 45 DEG ANGLE DRILL W DRILL BT 25MM,40MM,55MM,70MM	MINOR		01.7420 ACTIVE
002408 45 DEG ANGLE DRILL W DRILL BT 25MM,40MM,55MM,70MM	MINOR		01.7420 ACTIVE
002411 (6)EXTREME BEAM FIBER OPTIC HDLT, (9) FIBER OPTIC CORD 7'	MINOR	FIBER	01.7420 ACTIVE
002412 (2)ESU SYSTEM2450, (2) CART 2450ESU, (2) MONOPOLAR FOOTSWITCH	MINOR		01.7420 ACTIVE
002413 LUXTEC HEADLIGHT SYSTEM	MINOR		01.7420 ACTIVE
002414 ADSON CEREBULLUM RET 7 1/2 ANGL SHRP TITANIUM"	MINOR		01.7420 ACTIVE
002418 FOOTSWITCH	MINOR		01.7420 ACTIVE
002421 EAR INSTRUMENT SET	MINOR		01.7420 ACTIVE
002422 EAR INSTRUMENT SET	MINOR		01.7420 ACTIVE
002423 EAR INSTRUMENT SET	MINOR		01.7420 ACTIVE
002394 VENT HEATERS (2)	MINOR		01.7640 ACTIVE
002444 BEDSIDE BRONCH FOR ICU	MINOR		01.7201 ACTIVE
002436 PANIC BUTTON DIALER	MINOR		01.7420 ACTIVE
002438 SHAVER/HANDPIECE	MINOR		01.7420 ACTIVE
002439 SHAVER/HANDPIECE	MINOR		01.7420 ACTIVE
002440 E900 CONSOLE	MINOR		01.7420 ACTIVE
002441 STERILE TRAYS FOR SILVER GLIDE	MINOR		01.7420 ACTIVE
002442 LUXTEC HEADLIGHTS,ULTRALITE HEADLIGHT	MINOR		01.7420 ACTIVE
002443 10 GRASPERS	MINOR		01.7420 ACTIVE
002446 ADSON CEREBELLUM RET	MINOR		01.7420 ACTIVE
002447 BARIATRIC INSTRUMENTS	MINOR		01.7420 ACTIVE
002453 TITANIUM CLAMPS	MINOR		01.7420 ACTIVE
002459 TRANSPHENOIDAL SPECULA	MINOR		01.7420 ACTIVE
002460 SILVERGLIDE BIPOLAR SETS	MINOR		01.7420 ACTIVE
002461 CART	MINOR	CARTEMERG	01.7420 ACTIVE
002462 MYRINGOTOMY SET	MINOR		01.7420 ACTIVE
002463 NASEL SET	MINOR		01.7420 ACTIVE
002464 DR MACALUSO SET	MINOR		01.7420 ACTIVE
002469 INSTRUMENT SET 530/IS AND 540/IS	MINOR		01.7420 ACTIVE
002457 ABAXIS PICCOLO CHEM ANALYZER	MINOR	ANALYHEMA	01.7500 ACTIVE
002471 SILVERGLIDE BIPOLARS	MINOR		01.7420 ACTIVE
002472 TRANSPHENOIDAL SET A	MINOR		01.7420 ACTIVE
002473 INSTRUMENTS FOR PAHSE 3	MINOR		01.7420 ACTIVE
002482 DR HENRY INSTRUMENTS	MINOR		01.7420 ACTIVE
002483 T&A SETS	MINOR		01.7420 ACTIVE

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002484 UROLOGY SETS	MINOR		01.7420 ACTIVE
002485 6 CUSTOM KNIFE HANDLES W/BAYONET HANDLES	MINOR		01.7420 ACTIVE
002486 18 HOHMANN RETRACTORS	MINOR	RETRAC	01.7420 ACTIVE
002487 SHAVER/HANDPIECE	MINOR		01.7420 ACTIVE
002488 PEDISCOPIES	MINOR		01.7420 ACTIVE
002489 PEDI FESS SET	MINOR		01.7420 ACTIVE
002490 EQUIPMENT FOR TOWER	MINOR		01.7420 ACTIVE
002491 EQUIPMENT FOR TOWER	MINOR		01.7420 ACTIVE
002493 DRILL SET 45 DEGREE	MINOR		01.7420 ACTIVE
002494 SCOPE FOR LAP	MINOR		01.7420 ACTIVE
002495 ANSPACH DRILL FOR SURGERY, WITH ITS ACCESORIES/ATTACHEMENTS	MINOR		01.7420 ACTIVE
002496 HIP SET WITH VARIOUS RETRACTORS, IMPACTORS, FORCEPS	MINOR		01.7420 ACTIVE
002497 MISONIX BONE SCAPEL W/CLEANING BRUSHES,BASKET,GENERATOR	MINOR		01.7420 ACTIVE
002498 DD BACK TABLE FOR OR	MINOR		01.7420 ACTIVE
002499 OPMI VARIO MICROSCOPE W/EYEPiece,COUPLING, INCLINABLE BINO	MINOR	MICROSCOPE	01.7420 ACTIVE
002500 BUNDLE NIM RESPONSE CART	MINOR	CARTEMERG	01.7420 ACTIVE
002474 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7430 ACTIVE
002475 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7430 ACTIVE
002476 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7430 ACTIVE
002477 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7430 ACTIVE
002478 56 SERIES BLUE BARIATRIC RECLINER	MINOR	SOFA	01.7430 ACTIVE
002479 56 SERIES BLUE BARIATRIC RECLINER/TRANSP	MINOR	SOFA	01.7430 ACTIVE
002480 56 SERIES BLUE BARIATRIC RECLINER/TRANSP	MINOR	SOFA	01.7430 ACTIVE
002481 56 SERIES BLUE BARIATRIC RECLINER/TRANSP	MINOR	SOFA	01.7430 ACTIVE
002501 3 DESKS , 6 CHAIRS, 3 CLOSED HUTCH GLASS DOORS,3 LATERAL FILE	MINOR	DESK	01.7800 ACTIVE
002508 MEDITHERM III HYPOTHERMIA CART	MINOR	HYPOTHERM	01.7201 ACTIVE
002504 HYSTEROSCOPY SET	MINOR		01.7420 ACTIVE
002505 HYSTEROSCOPY SET	MINOR		01.7420 ACTIVE
002506 FRCPS MCEN27-2 TERRIER PUNCH(5), FRCPS MCEN27-2 FINE TERRIER (6)	MINOR		01.7420 ACTIVE
002517 DIEGO STATION NASAL (STARLINK HAND PIECE)	MINOR		01.7420 ACTIVE
002518 HEMOSTATIX MODEL P8400 CONTROLLER/SCAPEL HANDLE FOR CONTROLLER	MINOR		01.7420 ACTIVE
002519 (5)EVIS EXERAL HD GASTROSCOPE 9.8MM	MINOR		01.7420 ACTIVE
002520 NEURO CRANI SET, SCISSORS INSTRUMENT TRAYS	MINOR		01.7420 ACTIVE
002525 INSTALL OVERHEAD RACKS/32TVS"	MINOR		01.7760 ACTIVE
002527 FURNITURE FOR DATA CENTER	MINOR		01.7760 ACTIVE
002529 BLACK BELT RETRACTOR FOR OR	MINOR		01.7420 ACTIVE
002530 NAV LOCK FOR STRYKER NAVIGATION	MINOR		01.7420 ACTIVE
002532 (15) WHEEL STRETCHERS	MINOR		01.7420 ACTIVE

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002536 BENDING PLIERS FOR FRAG SET 2.7MM & 3.5MM PLATES	MINOR		01.7420 ACTIVE
002537 ENDOSCOPIC PLANTAR FASCIOTOMY	MINOR		01.7420 ACTIVE
002538 IMMUNOANALYZER EMP SCREENING (MINI VIDAS)	MINOR		01.7500 ACTIVE
002546 INTUBATION CART	MINOR		01.7201 ACTIVE
002542 COLPOSCOPE 935	MINOR		01.7420 ACTIVE
002549 CUSTOM WORKING PLATFORM	MINOR		01.7420 ACTIVE
002550 JEWETT 50CF REFR GLASS DR 115V	MINOR		01.7500 ACTIVE
002544 REAM-A-MATIC TUBE CLEANER W/DOUBLE FOOT SWITCH	MINOR		01.7690 ACTIVE
002548 FROZEN DRINK MACHINE	MINOR		01.7710 ACTIVE
002555 ACCLARENT ENDOSCOPE CYCLOPS	MINOR		01.3420 ACTIVE
002567 MEDIVANCE ARCTIC SUN	MINOR	TEMPCONT	01.7201 ACTIVE
002554 3 GASTROSCOPE AND 2 COLONSCOPE	MINOR	COLON	01.7420 ACTIVE
002563 MEDRAD PORTABLE INJECTOR	MINOR		01.7420 ACTIVE
002564 16 ARTHROSCOPES AND 4 TRAYS	MINOR	ARTHRO	01.7420 ACTIVE
002581 4 Air Curtains	MINOR	AIRCURT	01.7420 ACTIVE
002557 MOBILE MODULAR WORKSTATION	MINOR	OFFICEFURN	01.7500 ACTIVE
002565 BENCHTOP CENTRIFUGE AND ROTOR	MINOR	CENT	01.7500 ACTIVE
002566 VC PREVI COLORGRAM	MINOR	SLIDESTAIN	01.7500 ACTIVE
002556 3 GLOBAL EVOLVE WORK STATIONS	MINOR	OFFICEFURN	01.7720 ACTIVE
002562 STORZ TWO PEDAL FOOTSWITCH	MINOR	MICROSCOPE	01.7760 ACTIVE
002558 GO CART DELUXE	MINOR		01.7800 ACTIVE
002574 FISHER ISTAT WIRELESS ANALYZER	MINOR	COMPCLIN	01.7300 ACTIVE
002570 MIZUHOSI LATERAL POSITIONERS	MINOR		01.7420 ACTIVE
002573 MEDTRONIC ORO-TRACHEAL INJECTOR	MINOR		01.7420 ACTIVE
002577 MIZUHOSI SURGICAL TABLE	MINOR	TABLEOPER	01.7420 ACTIVE
002594 GASTROSCOPE-NEONATAL	MINOR		01.7420 ACTIVE
002569 BIOMERIEUX MICROBIAL DETECTION SYSTEM	MINOR	MICROBIO	01.7500 ACTIVE
002572 SIEMENS WALKAWAY LABORATORY ANALYZER	MINOR	ANALYHEMA	01.7500 ACTIVE
002575 SHELDON INCUBATOR	MINOR	INCULAB	01.7500 ACTIVE
002576 SHELDON INCUBATOR W/O CO2	MINOR	INCULAB	01.7500 ACTIVE
002579 FISHER BLOOD BANK REFRIGERATOR	MINOR	REFRIGBLD	01.7500 ACTIVE
002580 Platelet Agitator	MINOR	PLATELET	01.7500 ACTIVE
002595 STERILGARD 503A-BIOLOGICAL SAFETY CABINET	MINOR	CABBIOSAFE	01.7500 ACTIVE
002578 10 TYCO PULSE OXIMETERS	MINOR	OXYMETER	01.7640 ACTIVE
002571 INGERSOLL CARD READER SECURITY	MINOR		01.7750 ACTIVE
002597 FAST FLOW FLUID WARMER	MINOR	FLUSAMP	01.7201 ACTIVE
002598 DIGITRAPPER pH-Z RECORDER	MINOR	PHMETER	01.7420 ACTIVE
002600 AIR CURTAINS-ELECTRICAL SERVICES	MINOR	AIRCURT	01.7420 ACTIVE

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002611 NETTERVILLE INSTRUMENT SET	MINOR	ORTHOINST	01.7420 ACTIVE
002609 4 - BARIATRIC CHAIRS & ACCESSORIES	MINOR	CHAIRSPEC	01.7550 ACTIVE
002610 4 - BARIATRIC CHAIRS & ACCESSORIES	MINOR	CHAIRSPEC	01.7550 ACTIVE
002608 AVAYA SPECTRALINK 6140 PHONE	MINOR	PHONESYS	01.7800 ACTIVE
002614 4 - GLOBAL WIND LOUNGE CHAIRS	MINOR	OFFICEFURN	01.7900 ACTIVE
002615 2 - GLOBAL WIND SOFAS	MINOR	OFFICEFURN	01.7900 ACTIVE
002635 ANKLE DISTRACTOR SET	MINOR	SURGINSTR	01.7420 ACTIVE
002636 TENSIO METER	MINOR	SURGINSTR	01.7420 ACTIVE
002621 10-AVAYA SPECTRALINK PHONES	MINOR	PHONESYS	01.7760 ACTIVE
002638 PROVIDE/INSTALL 47 LCD TV"	MINOR	TVMON	01.7820 ACTIVE
002639 PROVIDE/INSTALL 47 LCD TV"	MINOR	TVMON	01.7820 ACTIVE
002647 SPECIALITY TRIATHLON 2 & 9MM STYLUS	MINOR	ARTHROINST	01.7420 ACTIVE
002648 SPECIALITY TRIATHLON MIS 4/1 BLOCK SET	MINOR	ARTHROINST	01.7420 ACTIVE
002677 UPS POWER COND ARCH	MINOR		01.7500 ACTIVE
002675 CUBICLE & CHAIRS	MINOR	OFFICEFURN	01.7720 ACTIVE
002670 OFFICE FURNITURE	MINOR	OFFICEFURN	01.7800 ACTIVE
002672 OVERHEAD HUTCH	MINOR	OFFICEFURN	01.7800 ACTIVE
002673 MIDBACK CHAIR	MINOR	OFFICEFURN	01.7800 ACTIVE
002676 5- DESKS	MINOR	OFFICEFURN	01.7800 ACTIVE
003113 6 WORKSTATIONS AND CHAIRS	MINOR		01.7765 ACTIVE
003127 DIEGO ELITE POWER CONSOLE	MINOR	BONESURG	01.7420 ACTIVE
002468 US SYSTEM	MINOR	TRANSDUCER	01.7440 ACTIVE
001217 1 LOUNGE CHAIR & BENCH (STE 440 - RECEPTION)	MINOR		01.7800 ACTIVE
001218 1 SIDE TABLE (STE 440 - RECEPTION)	MINOR		01.7800 ACTIVE
001219 1 RECEPTION DESK CHAIR (STE 440 - RECEPTION)	MINOR		01.7800 ACTIVE
001220 1 CUSTOM BANQUET WITH PILLOWS (STE 440 - LOUNGE)	MINOR		01.7800 ACTIVE
001221 1 OTTOMAN CLUSTER (STE 440 - LOUNGE)	MINOR		01.7800 ACTIVE
001222 1 SMALL DRINK TABLE (STE 440 - LOUNGE)	MINOR		01.7800 ACTIVE
001223 BAR STOOLS (STE 440 - LOUNGE)	MINOR		01.7800 ACTIVE
001225 1 DESK CHAIR (STE 440 - OFFICE 1)	MINOR		01.7800 ACTIVE
001226 CONFERENCE TABLE (STE 440 - CONFERENCE ROOM)	MINOR		01.7800 ACTIVE
001227 7 CONFERENCE CHAIRS (STE 440 - CONFERENCE ROOM)	MINOR		01.7800 ACTIVE
001228 DESK/CREDENZA (STE 440 - OFFICE 2)	MINOR		01.7800 ACTIVE
001229 DESK CHAIR (STE 440 - OFFICE 2)	MINOR		01.7800 ACTIVE
001230 1 SOFA (STE 440 - OFFICE 2)	MINOR		01.7800 ACTIVE
001231 CONFERENCE TABLE (STE 440 - OFFICE 2)	MINOR		01.7800 ACTIVE
001232 LOUNGE CHAIRS (STE 440 - OFFICE 2)	MINOR		01.7800 ACTIVE
001233 FLOOR LAMPS (STE 440 - OFFICE 2)	MINOR		01.7800 ACTIVE

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001234 DESK/CREDENZA (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001235 DESK CHAIR (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001236 SOFA (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001237 COCKTAIL TABLE (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001238 LOUNGE CHAIRS (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001239 SYSTEM DESKING (STE 440 - SCHEDULING)	MINOR	01.7800 ACTIVE
001240 DESK CHAIRS (STE 440 - SCHEDULING)	MINOR	01.7800 ACTIVE
001244 SUCCULENT ARRANGEMENT (STE 440 - RECEPTION)	MINOR	01.7800 ACTIVE
001245 LAMP (STE 440 - RECEPTION)	MINOR	01.7800 ACTIVE
001246 CENTERPIECE BOWL (STE 440 - RECEPTION)	MINOR	01.7800 ACTIVE
001247 ART (STE 440 - LOUNGE)	MINOR	01.7800 ACTIVE
001248 HAND MADE SHAG RUG (STE 440 - LOUNGE)	MINOR	01.7800 ACTIVE
001251 ART (STE 440 - CONFERENCE ROOM)	MINOR	01.7800 ACTIVE
001252 WASTEBASKET (STE 440 - CONFERENCE ROOM)	MINOR	01.7800 ACTIVE
001253 ACCESSORIES (STE 440 - OFFICE 2)	MINOR	01.7800 ACTIVE
001255 WASTEBASKET (STE 440 - OFFICE 2)	MINOR	01.7800 ACTIVE
001256 CLOCK (STE 440 - OFFICE 2)	MINOR	01.7800 ACTIVE
001257 CABINET (STE 440 - OFFICE 2)	MINOR	01.7800 ACTIVE
001258 ACCESSORIES (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001259 DISPLAY SHELVES (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001260 ART (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001261 WASTEBASKET (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001262 END TABLE(S) (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001263 LAMPS (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001266 DISPLAY SHELVES (STE 440 - HALLWAY)	MINOR	01.7800 ACTIVE
001267 ART (STE 440 - ENTRY)	MINOR	01.7800 ACTIVE
001268 ART (STE 440 - KITCHEN AREA)	MINOR	01.7800 ACTIVE
001269 DRAPERY, HARDWARE & LABOR (STE 440 - OFFICE 2)	MINOR	01.7800 ACTIVE
001270 DRAPERY, HARDWARE & LABOR (STE 440 - OFFICE 3)	MINOR	01.7800 ACTIVE
001271 ART (STE 440 - AT BAR)	MINOR	01.7800 ACTIVE
001224 1 L-SHAPED DESK (STE 440 - OFFICE 1)	MINOR	01.7840 ACTIVE
001241 LATERAL FILES (STE 440 - SCHEDULING)	MINOR	01.7840 ACTIVE
001249 ART (STE 440 - OFFICE 1)	MINOR	01.7840 ACTIVE
001250 WASTEBASKET (STE 440 - OFFICE 1)	MINOR	01.7840 ACTIVE
001254 4 FRAMES (STE 440 - RECEPTION)	MINOR	01.7840 ACTIVE
001264 ART (STE 440 - SCHEDULING)	MINOR	01.7840 ACTIVE
001265 6 WASTEBASKETS (STE 440 - SCHEDULING)	MINOR	01.7840 ACTIVE
000507 8 - RONGEURS 9"	MINOR	1.742 ACTIVE

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000508 6 - CONE RING CURETTE 9"	MINOR		1.742 ACTIVE
000522 SPURLING IVD RONGEUR 4X10 9"	MINOR		1.742 ACTIVE
000525 RONGEUR CUSING IVD 9"	MINOR		1.742 ACTIVE
000636 FERRIS-SMITH PITUITARY RONGEUR 6MM STR 10"	MINOR		1.742 ACTIVE
002511 X-RAY SUITE 215 PAVILLION	PAVILLION LEASE		01.7800 ACTIVE
002512 DR CASAS SUITE 210	PAVILLION LEASE		01.7800 ACTIVE
002526 EXTENTSION OF PAGING SYSTEM TO MOB	PAVILLION LEASE		01.7760 ACTIVE
002654 ACCTG OFFICE WALL DEMO/CARPET PATCH	PAVILLION LEASE	OFFICEFURN	01.7750 ACTIVE
002649 6 - WORK STATIONS FOR ACCTG OFFICE	PAVILLION LEASE	OFFICEFURN	01.7820 ACTIVE
002679 STRUCTURED CABLING	PAVILLION LEASE		01.7800 ACTIVE
003086 TI FOR DR. BANNISTER STE 450	PAVILLION LEASE	OFFICEFURN	01.7900 ACTIVE
003087 TI FOR DR. BANNISTER STE 450	PAVILLION LEASE	OFFICEFURN	01.7900 ACTIVE
003088 TI FOR VIBRANT STE 420	PAVILLION LEASE	OFFICEFURN	01.7900 ACTIVE
001837 TREATMENT RECLINER	PHASE 3		01.7420 ACTIVE
001439 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3		01.7101 ACTIVE
001700 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001701 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001702 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001703 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001704 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001705 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001706 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001707 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001708 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001709 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001710 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001711 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001712 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001713 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001714 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001715 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001716 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001717 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001718 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001719 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001720 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001721 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE
001722 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3		01.7101 ACTIVE

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001723 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7101 ACTIVE
001440 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7102 ACTIVE
001724 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001725 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001726 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001727 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001728 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001729 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001730 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001731 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001732 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001733 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001734 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001735 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001736 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001737 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001738 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001739 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001740 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001741 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001742 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001743 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001744 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001745 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001746 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001747 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7102 ACTIVE
001441 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7201 ACTIVE
001447 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7201 ACTIVE
001448 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7201 ACTIVE
001688 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001689 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001690 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001691 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001692 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001693 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001694 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001695 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001696 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE

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001697 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001698 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001699 ISOFLEX MEDSURG MATTRESS SILVER/DARTEX COVER	PHASE 3	01.7201 ACTIVE
001437 OPMI PENTERO BASIC SYSTEM MICROSCOPE	PHASE 3	01.7420 ACTIVE
001438 OPMI PENTERO BASIC SYSTEM MICROSCOPE	PHASE 3	01.7420 ACTIVE
001445 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7420 ACTIVE
001446 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7420 ACTIVE
001451 BLADDER SCAN ULTRA SOUND IMAGING, ROLLING CART & TRAINING	PHASE 3	01.7420 ACTIVE
001453 MIZUHO OSI JACKSON TABLE SYSTEM	PHASE 3	01.7420 ACTIVE
001454 MIZUHO OSI 3 EACH JACKSON TABLE SYSTEM	PHASE 3	01.7420 ACTIVE
001455 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001456 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001457 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001458 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001459 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001460 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001461 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001462 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001463 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001464 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001465 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001466 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001467 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001468 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001469 THERMOSTATIC CONTROLLED SCRUB SINK, STAINLESS STEEL	PHASE 3	01.7420 ACTIVE
001495 RUBBERMAID UTILITY CART WITH SHELVES	PHASE 3	01.7420 ACTIVE
001496 RUBBERMAID UTILITY CART WITH SHELVES	PHASE 3	01.7420 ACTIVE
001497 RUBBERMAID UTILITY CART WITH SHELVES	PHASE 3	01.7420 ACTIVE
001498 BIN CART WITH WORK CENTER	PHASE 3	01.7420 ACTIVE
001499 BIN CART WITH WORK CENTER	PHASE 3	01.7420 ACTIVE
001679 DSD-2017 FG VMS READY DSD201-LT	PHASE 3	01.7420 ACTIVE
001680 DSD-2017 FG VMS READY DSD201-LT	PHASE 3	01.7420 ACTIVE
001681 DSD-110-HU0069 HOOKUP GI CONNECTOR (5)	PHASE 3	01.7420 ACTIVE
001682 DSS-110 HU0112 HOOKUP OAI AUX WTR	PHASE 3	01.7420 ACTIVE
001683 EFA US-G SCOPEBUDDY US, GLUT	PHASE 3	01.7420 ACTIVE
001684 EFA US-G SCOPEBUDDY US, GLUT	PHASE 3	01.7420 ACTIVE
001685 SHELVING FOR LINEN, UTILITY CARTS,CARTS, CART COVERS	PHASE 3	01.7420 ACTIVE
001687 STERILIZER & EQUIPMENT	PHASE 3	01.7420 ACTIVE

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001748 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001749 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001750 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001751 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001752 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001753 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001754 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001755 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001756 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001757 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001758 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001759 IBED 2.3 COMPLETE (IN TOUCH EU)	PHASE 3	01.7420 ACTIVE
001760 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001761 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001762 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001763 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001764 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001765 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001766 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001767 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001768 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001769 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001770 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001771 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001772 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001773 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001774 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001775 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001776 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001777 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001778 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001779 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001780 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001781 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001782 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001783 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001784 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001785 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE

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001786 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001787 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001788 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001789 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001790 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001791 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001792 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001793 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001794 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001795 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001796 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001797 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001798 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001799 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001800 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001801 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001802 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001803 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001804 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001805 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001806 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001807 SECURE 3 MED/SURG BED	PHASE 3	01.7420 ACTIVE
001824 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001825 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001826 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001827 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001828 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001829 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001830 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001831 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001832 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001833 BIG WHEEL STRETCHER 30 LITTER"	PHASE 3	01.7420 ACTIVE
001834 CUB PEDIATRIC CRIB	PHASE 3	01.7420 ACTIVE
001835 CUB PEDIATRIC CRIB	PHASE 3	01.7420 ACTIVE
001836 CUB PEDIATRIC CRIB	PHASE 3	01.7420 ACTIVE
001838 TREATMENT RECLINER	PHASE 3	01.7420 ACTIVE
001839 TREATMENT RECLINER	PHASE 3	01.7420 ACTIVE
001840 TREATMENT RECLINER	PHASE 3	01.7420 ACTIVE

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001841 TREATMENT RECLINER	PHASE 3	01.7420 ACTIVE
001842 CAMERA CONTROL UNITS,PRINTERS,CART,STERILIZE TRAY & OTHER ITEMS	PHASE 3	01.7420 ACTIVE
001843 STRYKER COMM VAR EQUIP BOOMS ETC	PHASE 3	01.7420 ACTIVE
001979 EFA US-G SCOPEBUDDY US, GLUT	PHASE 3	01.7420 ACTIVE
001442 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7430 ACTIVE
001443 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7430 ACTIVE
001444 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7430 ACTIVE
001450 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7430 ACTIVE
001686 VARIOUS CARTS	PHASE 3	01.7440 ACTIVE
001452 EBA 21 MICROCENTRIFUGE,ROTINA 380R CENTRIFUGE & OTHER MISC ITEMS	PHASE 3	01.7500 ACTIVE
001669 MICROWAVE, PLASMA DEFROSTER/TEMP MONITOR DEVICE	PHASE 3	01.7500 ACTIVE
001674 CART FOR LARGE PLATFORM	PHASE 3	01.7500 ACTIVE
001449 DEFIBRILLATOR, MONITOR WITH PACEMAKER	PHASE 3	01.7550 ACTIVE
001675 RACK,APRON,WALL MOUNT, 8PEG (14)	PHASE 3	01.7550 ACTIVE
001673 WATER PURIFICATION SYSTEM	PHASE 3	01.7690 ACTIVE
001470 GROSSLAB SENIOR PATHOLOGY WORKSTATION	PHASE 3	01.7800 ACTIVE
001471 NEPTUNE 2 DOCKING STATIONS	PHASE 3	01.7800 ACTIVE
001472 NEPTUNE 2 DOCKING STATIONS	PHASE 3	01.7800 ACTIVE
001473 NEPTUNE 2 DOCKING STATIONS	PHASE 3	01.7800 ACTIVE
001474 SYSTEM 6 CHARGER W/BATTERY	PHASE 3	01.7800 ACTIVE
001475 SYSTEM 6 CHARGER W/BATTERY	PHASE 3	01.7800 ACTIVE
001476 SYSTEM 6 CHARGER W/BATTERY	PHASE 3	01.7800 ACTIVE
001477 SYSTEM 6 CHARGER W/BATTERY	PHASE 3	01.7800 ACTIVE
001478 UNIDIRECTIONAL FOOTSWITCH	PHASE 3	01.7800 ACTIVE
001479 UNIDIRECTIONAL FOOTSWITCH	PHASE 3	01.7800 ACTIVE
001480 UNIDIRECTIONAL FOOTSWITCH	PHASE 3	01.7800 ACTIVE
001481 UNIDIRECTIONAL FOOTSWITCH	PHASE 3	01.7800 ACTIVE
001482 SMART PUMP DUAL CHANNEL WITH ROLLING STAND	PHASE 3	01.7800 ACTIVE
001483 SMART PUMP DUAL CHANNEL WITH ROLLING STAND	PHASE 3	01.7800 ACTIVE
001484 SMART PUMP DUAL CHANNEL WITH ROLLING STAND	PHASE 3	01.7800 ACTIVE
001485 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001486 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001487 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001488 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001489 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001490 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001491 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001492 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE

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001493 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001494 NEPTUNE 2 ROVER FOR MEDICAL WASTE	PHASE 3	01.7800 ACTIVE
001500 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001501 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001502 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001503 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001504 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001505 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001506 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001507 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001508 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001509 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001510 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001511 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001512 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001513 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001514 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001515 SUPRA XDRAFTING PNEUMATIC TASK CHAIR	PHASE 3	01.7800 ACTIVE
001516 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001517 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001518 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001519 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001520 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001521 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001522 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001523 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001524 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001525 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001526 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001527 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001528 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001529 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001530 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001531 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001532 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001533 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001534 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001535 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE

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001536 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001537 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001538 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001539 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001540 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001541 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001542 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001543 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001544 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001545 RELIANCE HYDRAULIC STOOL	PHASE 3	01.7800 ACTIVE
001546 LARYNGOSCOPE #00 FIBEROPTIC	PHASE 3	01.7800 ACTIVE
001547 LARYNGOSCOPE #00 FIBEROPTIC	PHASE 3	01.7800 ACTIVE
001548 LARYNGOSCOPE #00 FIBEROPTIC	PHASE 3	01.7800 ACTIVE
001549 LARYNGOSCOPE, MILLER SET	PHASE 3	01.7800 ACTIVE
001550 LARYNGOSCOPE, MILLER SET	PHASE 3	01.7800 ACTIVE
001551 LARYNGOSCOPE, MILLER SET	PHASE 3	01.7800 ACTIVE
001552 LARYNGOSCOPE, MACINTOSH SET	PHASE 3	01.7800 ACTIVE
001553 LARYNGOSCOPE, MACINTOSH SET	PHASE 3	01.7800 ACTIVE
001554 LARYNGOSCOPE, MACINTOSH SET	PHASE 3	01.7800 ACTIVE
001555 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001556 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001557 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001558 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001559 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001560 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001561 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001562 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001563 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001564 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001565 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001566 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001567 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001568 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001569 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001570 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001571 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001572 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001573 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE

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001574 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001575 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001576 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001577 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001578 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001579 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001580 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001581 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001582 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001583 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001584 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001585 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001586 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001587 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001588 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001589 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001590 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001591 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
001592 DEFIBRILLATOR M SERIES MANUAL BASE	PHASE 3	01.7800 ACTIVE
001593 DEFIBRILLATOR M SERIES MANUAL BASE	PHASE 3	01.7800 ACTIVE
001596 EMERGENCY CART TALL 6 DRW	PHASE 3	01.7800 ACTIVE
001597 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001598 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001599 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001600 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001601 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001602 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001603 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001604 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001605 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001606 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001607 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001608 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001609 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001610 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001611 OXIMAX N65 PULSE OXIMETER W/DURASE	PHASE 3	01.7800 ACTIVE
001612 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001613 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE

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001614 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001615 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001616 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001617 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001618 PLUM A REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001619 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001620 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001621 PLUM A+3 CHANNEL 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
001622 ADJUSTABLE WRENCH, NON SPARKLING	PHASE 3	01.7800 ACTIVE
001623 DIGI PORTSRV TS 16PT	PHASE 3	01.7800 ACTIVE
001624 VARIOUS MEDICAL INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001625 STANDARD SICE ROUGH HANDLE(2) & VARIOUS LARYNGSCOPE BLDs	PHASE 3	01.7800 ACTIVE
001626 HARLOFF MALIGNANT HYPOTHERMIA CAR	PHASE 3	01.7800 ACTIVE
001627 ANESTHESIA CART INTUBATION 6 DRW	PHASE 3	01.7800 ACTIVE
001628 STAINLESS STEEL CAST CART 8 DRW	PHASE 3	01.7800 ACTIVE
001629 FLOOR SCRUBBER COMPACT DISK, 20 IN	PHASE 3	01.7800 ACTIVE
001630 ALL TITANIUM BB EXT RETRACTOR	PHASE 3	01.7800 ACTIVE
001631 ALL TITANIUM BB EXT RETRACTOR	PHASE 3	01.7800 ACTIVE
001632 ALL TI SUPER SLIDE RETRACTOR	PHASE 3	01.7800 ACTIVE
001633 ALL TI SUPER SLIDE RETRACTOR	PHASE 3	01.7800 ACTIVE
001634 TI SUPER SLIDE BLADE SMALL 2.5(8)/3.5(8)	PHASE 3	01.7800 ACTIVE
001635 ALIF HAND RETRACTOR SM(4)/MED(4)/LG(4)	PHASE 3	01.7800 ACTIVE
001636 CUSTOM HOYLE WYLIE EXTRA LONG RETRACTOR(2)	PHASE 3	01.7800 ACTIVE
001637 HENRY'S BIG BLACK HAND RETRACTOR(4)	PHASE 3	01.7800 ACTIVE
001638 TRUE GELPI 90 DEGREE 2.5(8)/3.5"(8) DEEP"	PHASE 3	01.7800 ACTIVE
001639 LUMBAR NERVE ROOT RETRACTOR(1)DOUBLE ENDED HIBBS RETRACTOR(4)	PHASE 3	01.7800 ACTIVE
001640 MOD MCELROY RETRACTOR(4)	PHASE 3	01.7800 ACTIVE
001641 ALIF HAND RETRACTOR SM(4)/MD(4)/LG(4)	PHASE 3	01.7800 ACTIVE
001642 WYLIE RETRACTOR 4(6)/7"(6)"	PHASE 3	01.7800 ACTIVE
001643 WIDE SCOVILLE NERVE RETRACTOR 10MM(4)/12MM(4)	PHASE 3	01.7800 ACTIVE
001644 LOVE GRUENWALD IVD RONGUER 3 X 10MM 9 STR/DWN"	PHASE 3	01.7800 ACTIVE
001645 MINI INCUBATOR 120V	PHASE 3	01.7800 ACTIVE
001646 NUTATING MIXER, GYROMINI 120 V	PHASE 3	01.7800 ACTIVE
001647 MICROSCOPE, COMPOUND, BINOCULAR,BRIGHTFIELD	PHASE 3	01.7800 ACTIVE
001648 Z1224 CARRIER(15)	PHASE 3	01.7800 ACTIVE
001649 CURETTES,RONGEURS,RETR SET W/BLADES & VARIOUS OTHER INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001650 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(24)	PHASE 3	01.7800 ACTIVE
001651 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE

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001652 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(24)	PHASE 3	01.7800 ACTIVE
001653 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE
001654 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(7)	PHASE 3	01.7800 ACTIVE
001655 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE
001656 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE
001657 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE
001658 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE
001659 VACUUM REGULATOR, PUSH TO SET, INTERMITTENT/CONTINUOUS	PHASE 3	01.7800 ACTIVE
001660 AIR FLOWMETER WITH DIAMOND WALL ADAPTER(14)	PHASE 3	01.7800 ACTIVE
001661 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(28)	PHASE 3	01.7800 ACTIVE
001662 AIR FLOWMETER WITH DIAMOND WALL ADAPTER(30)	PHASE 3	01.7800 ACTIVE
001663 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(60)	PHASE 3	01.7800 ACTIVE
001664 AIR FLOWMETER WITH DIAMOND WALL ADAPTER(12)	PHASE 3	01.7800 ACTIVE
001665 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(25)	PHASE 3	01.7800 ACTIVE
001666 AIR FLOWMETER WITH DIAMOND WALL ADAPTER(9)	PHASE 3	01.7800 ACTIVE
001667 OXYGEN FLOW METER WITH DIAMOND WALL ADAPTER(18)	PHASE 3	01.7800 ACTIVE
001668 PHASE 3 FURNITURE	PHASE 3	01.7800 ACTIVE
001676 GLIDESCOPIES (2)	PHASE 3	01.7800 ACTIVE
001677 WALL MOUNTED PEG STYLE LEAD APRON RACK	PHASE 3	01.7800 ACTIVE
001678 FIXTURES	PHASE 3	01.7800 ACTIVE
001854 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001855 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001856 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001857 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001858 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001859 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001860 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001861 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001862 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001863 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001864 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001865 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001866 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001867 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001868 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001869 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001870 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001871 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE

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001872 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001873 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001874 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001875 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001876 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001877 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001878 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001879 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001880 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001881 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001882 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001883 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001884 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001885 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001886 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001887 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001888 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001889 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001890 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001891 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001892 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001893 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001894 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001895 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001896 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001897 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001898 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001899 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001900 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001901 OVERBED TABLE TRUFIT SINGLE TOP	PHASE 3	01.7800 ACTIVE
001902 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001903 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001904 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001905 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001906 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001907 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001908 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001909 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE

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001910 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001911 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001912 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001913 OVERBED TABLE TRUFIT SPLIT TOP	PHASE 3	01.7800 ACTIVE
001914 STERRAND 100NX 1 DOOR	PHASE 3	01.7800 ACTIVE
001915 STERRAND NX	PHASE 3	01.7800 ACTIVE
001916 STERRAND NX	PHASE 3	01.7800 ACTIVE
001917 STERRAND NX	PHASE 3	01.7800 ACTIVE
001918 STERRAND NX	PHASE 3	01.7800 ACTIVE
001919 STERRAND NX	PHASE 3	01.7800 ACTIVE
001920 STERRAND NX	PHASE 3	01.7800 ACTIVE
001921 STERRAND NX	PHASE 3	01.7800 ACTIVE
001922 STERRAND CART	PHASE 3	01.7800 ACTIVE
001923 VENT WITH ARMS, PARAPAC, CIRCUIT	PHASE 3	01.7800 ACTIVE
001924 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001925 EVOLUTION SPINAL REMOVAL KIT	PHASE 3	01.7800 ACTIVE
001926 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001927 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001928 BLADDER SCANNER WITH PRINTER	PHASE 3	01.7800 ACTIVE
001929 WASTEBASKETS	PHASE 3	01.7800 ACTIVE
001930 THERMOMETER, TEMPORAL SCANNER	PHASE 3	01.7800 ACTIVE
001931 BARIATRIC EASY LIFT WITH HEAD SUPPORT	PHASE 3	01.7800 ACTIVE
001932 ANESTHESIA CART	PHASE 3	01.7800 ACTIVE
001933 LIFECARE PCA MEDINET READY	PHASE 3	01.7800 ACTIVE
001934 TALL ISO CART 4 DRWR	PHASE 3	01.7800 ACTIVE
001935 THERMOMETERS	PHASE 3	01.7800 ACTIVE
001936 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001937 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001938 3MM PROBE PACKAGING	PHASE 3	01.7800 ACTIVE
001939 LINENS	PHASE 3	01.7800 ACTIVE
001940 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001941 ELMED STOOL W/O BACKREST	PHASE 3	01.7800 ACTIVE
001942 INTUBATION SCOPE KIT	PHASE 3	01.7800 ACTIVE
001943 INTUBATION SCOPE KIT	PHASE 3	01.7800 ACTIVE
001944 ATTEST AUTO READER	PHASE 3	01.7800 ACTIVE
001945 FLAT SHEETS / PILLOW CASES	PHASE 3	01.7800 ACTIVE
001946 STAINLESS STEEL CART 3 SHELF	PHASE 3	01.7800 ACTIVE
001947 BLADES	PHASE 3	01.7800 ACTIVE

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001948 VARIOUS FACILITY TOOLS	PHASE 3	01.7800 ACTIVE
001949 SCALE, BABY, DIGITAL	PHASE 3	01.7800 ACTIVE
001950 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001951 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001952 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001953 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001954 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001955 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001956 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001957 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001958 EES GENERATOR W ENSEAL & HARMONIC GENERATOR CONNECTOR	PHASE 3	01.7800 ACTIVE
001959 100 NX EXPRESS CYCLE	PHASE 3	01.7800 ACTIVE
001960 HIGH SPEED BURNISHER	PHASE 3	01.7800 ACTIVE
001961 SELF CONTAINED EXTRACTOR	PHASE 3	01.7800 ACTIVE
001962 S-L SLIDE LOADING SPINAL	PHASE 3	01.7800 ACTIVE
001963 V-T MASTER SPINAL RETRAC	PHASE 3	01.7800 ACTIVE
001964 V-T MASTER SPINAL RETRAC	PHASE 3	01.7800 ACTIVE
001965 NEEDLES, FORCEPS, CORDS,HOLDERS, SCISSORS,SEPTUM, POOL SUCTION	PHASE 3	01.7800 ACTIVE
001966 RIGHT/LEFT D-DRIVE NEEDLE HOLDERS	PHASE 3	01.7800 ACTIVE
001967 TEBBETTS FIBEROPTIC, SPATULA, MARKERS, NEEDLES, DISSECTOR, RAKE	PHASE 3	01.7800 ACTIVE
001968 STERILIZING TRAYS/ GRIPPER	PHASE 3	01.7800 ACTIVE
001969 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
001970 RETRACTORS VARIOUS SIZES,BALL PROBES	PHASE 3	01.7800 ACTIVE
001971 INTEGRATION STATION AND CALLER KIT	PHASE 3	01.7800 ACTIVE
001972 VARIOUS BINS	PHASE 3	01.7800 ACTIVE
001973 VARIOUS BINS	PHASE 3	01.7800 ACTIVE
001974 MICROCERVICAL SET	PHASE 3	01.7800 ACTIVE
001975 HCL SUPER TOUGH BIN/ DIVIDERS VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
001976 HCL SUPER TOUGH BIN/ DIVIDERS VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
001977 HCL SUPER TOUGH BIN/ DIVIDERS VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
001978 HCL SUPER TOUGH BIN/ DIVIDERS VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
001980 OPMI 1FC MICROSCOPE W/HALOGEN	PHASE 3	01.7800 ACTIVE
001981 OPMI SENSERA MICROSCOPE	PHASE 3	01.7800 ACTIVE
001982 3 FLEX INTUBATION SCOPE KITS	PHASE 3	01.7800 ACTIVE
001983 MASTER CLOCK SYSTEM AND DIGITAL ELAPSE	PHASE 3	01.7800 ACTIVE
001984 NURSE CALL SYSTEM	PHASE 3	01.7800 ACTIVE
001985 VOSTRO 230 SLIM TOWER	PHASE 3	01.7800 ACTIVE
001986 LATITUDE E6510 NOTEBOOK	PHASE 3	01.7800 ACTIVE

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001987 VARIOUS LAPTOPS, PCS, NOTEBOOKS, FLAT PANEL DISPLAYS, DESKTOPS	PHASE 3	01.7800 ACTIVE
001988 VOSTRO 260 SLIMTOWER/FLAT PANEL MONITOR	PHASE 3	01.7800 ACTIVE
001989 DIETARY EQUIPMENT	PHASE 3	01.7800 ACTIVE
001990 TOWERS	PHASE 3	01.7800 ACTIVE
001991 PHONE SYSTEM	PHASE 3	01.7800 ACTIVE
001992 NURSE CALL W/ WIRELESS PHONE INTEGRATION	PHASE 3	01.7800 ACTIVE
001993 EVIS EXEREAL HD GASTROSCOPE/COLONSCOPE	PHASE 3	01.7800 ACTIVE
001994 LOW VOLTAGE	PHASE 3	01.7800 ACTIVE
001995 PTUBE SYSTEM	PHASE 3	01.7800 ACTIVE
001996 PLUM A REV13/ LIIFECARE PCA REV13 MEDINET READY	PHASE 3	01.7800 ACTIVE
001997 TWO 6 CTS RECESSED STATIONS/ICU"	PHASE 3	01.7800 ACTIVE
001998 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
001999 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002000 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002001 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002002 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002003 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002004 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002005 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002006 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002007 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002008 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002009 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002010 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002011 ELECTROSURGICAL SYSTEM 2450 ESU	PHASE 3	01.7800 ACTIVE
002012 FOOTSWITCH, MONOPOLAR WATERPROOF	PHASE 3	01.7800 ACTIVE
002013 FOOTSWITCH BIPOLAR	PHASE 3	01.7800 ACTIVE
002014 PLUMA REV13 MEDINET READY, BAXTER INFUSOR PUMP,IV POLE	PHASE 3	01.7800 ACTIVE
002015 40 CASE CARTS	PHASE 3	01.7800 ACTIVE
002016 PROVUE INSTRUMENT,WK STATION W/TIPMASTER PIPETTOR DOC KIT	PHASE 3	01.7800 ACTIVE
002017 ARTHROSCOPY EQUIPMENT CART	PHASE 3	01.7800 ACTIVE
002018 IRRIGATOR PUMP,FOOT PED BOARD, GENERATOR,FOOTSWITCH, STRYKER FOM	PHASE 3	01.7800 ACTIVE
002019 IRRIGATOR PUMP,FOOT PED BOARD, GENERATOR,FOOTSWITCH, STRYKER FOM	PHASE 3	01.7800 ACTIVE
002020 IRRIGATOR PUMP,FOOT PED BOARD, GENERATOR,FOOTSWITCH, STRYKER FOM	PHASE 3	01.7800 ACTIVE
002021 IRRIGATOR PUMP,FOOT PED BOARD, GENERATOR,FOOTSWITCH, STRYKER FOM	PHASE 3	01.7800 ACTIVE
002022 IRRIGATOR PUMP,FOOT PED BOARD, GENERATOR,FOOTSWITCH, STRYKER FOM	PHASE 3	01.7800 ACTIVE
002023 TR402 ILLUMINATOR	PHASE 3	01.7800 ACTIVE
002024 INSTRUMENT TABLE W/SHELF	PHASE 3	01.7800 ACTIVE

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002025 OPERATING TABLE W/ACCESSORIES	PHASE 3	01.7800 ACTIVE
002039 HEGAR DILATOR VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
002040 FORCEPS WITH VARIOUS TIPS	PHASE 3	01.7800 ACTIVE
002041 PATIENT TVS	PHASE 3	01.7800 ACTIVE
002042 EMR CART WITH LCD PIVOT	PHASE 3	01.7800 ACTIVE
002043 TELEHOOKS FOR VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
002044 SIGNAGE FOR GARAGE, HOSPITAL INTERIOR AND EXTERIOR	PHASE 3	01.7800 ACTIVE
002045 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
002046 DISPOSAL, SHARPS, WALLMOUNT	PHASE 3	01.7800 ACTIVE
002047 AUTO WATER COFFEE SYSTEM WITH COFFEE MAKER	PHASE 3	01.7800 ACTIVE
002048 LARYNGOSCOPE WITH #00, MILLER & MAC SET, MED HAMPER, LG PLATFORM	PHASE 3	01.7800 ACTIVE
002049 LARYNGOSCOPE WITH #00, MILLER & MAC SET, LG PLATFORM	PHASE 3	01.7800 ACTIVE
002050 LARYNGOSCOPE, #00MIL, MILLE/MAC SET, MED HAMPER, LG PLATFORM	PHASE 3	01.7800 ACTIVE
002051 LARYNGOSCOPE, #00/MILLER/MAC SET, MED HAMPER	PHASE 3	01.7800 ACTIVE
002052 APRONS/THYROID SHIELDS, BARRIERS	PHASE 3	01.7800 ACTIVE
002053 ACCU-CHEK BLOOD GLUCOSE MONITOR UNIT	PHASE 3	01.7800 ACTIVE
002054 ACCESS CONTROL EQUIPMENT	PHASE 3	01.7800 ACTIVE
002055 RIGHTFAX ADDITIONAL CHANNEL LICENSING	PHASE 3	01.7800 ACTIVE
002056 BB INST ORTHO PROVUE	PHASE 3	01.7800 ACTIVE
002057 APRONS AND THYROID SHIELDS	PHASE 3	01.7800 ACTIVE
002059 MIDAS SLIDE AND STAINER	PHASE 3	01.7800 ACTIVE
002061 LARYNGOSCOPE, MILLER/MAC/#00 SET, TEMPORAL THERMOMETER	PHASE 3	01.7800 ACTIVE
002062 4 MEDIUM HAMPER	PHASE 3	01.7800 ACTIVE
002063 WHEEL CHAIR	PHASE 3	01.7800 ACTIVE
002067 VARIOUS PIECES OF ARTWORK FOR HOSPITAL	PHASE 3	01.7800 ACTIVE
002068 ELECTROSURGICAL GENERATORS AND VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
002069 FILTER SYSTEM AND DISPENSER	PHASE 3	01.7800 ACTIVE
002070 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002071 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002072 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002073 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002074 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002075 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002076 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002077 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002078 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002079 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002080 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE

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002081 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002082 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002083 FHC 1000S REMOTE CONTROL OPERATING TABLE	PHASE 3	01.7800 ACTIVE
002084 UNIVERSAL HEADREST ADAPTER FOR FHC1000 OR TABLES	PHASE 3	01.7800 ACTIVE
002085 STACKABLE INTERLOCKING STOOLS	PHASE 3	01.7800 ACTIVE
002086 2 UTILITY TABLE AND 2 INSTRUMENT TABLE	PHASE 3	01.7800 ACTIVE
002087 MULTIPURPOSE CASE CART, CENTRAL SUPPLY WORK TABLE	PHASE 3	01.7800 ACTIVE
002088 RIGID STEP STOOL	PHASE 3	01.7800 ACTIVE
002089 17 DUAL WARMING CABINET WITH S/S DOORS	PHASE 3	01.7800 ACTIVE
002090 XRAY	PHASE 3	01.7800 ACTIVE
002091 COMPUTED RADIOLOGY PLATE READER	PHASE 3	01.7800 ACTIVE
002092 3 AVEA STANDARD VENTILATOR	PHASE 3	01.7800 ACTIVE
002093 2 VENTILATOR	PHASE 3	01.7800 ACTIVE
002094 PLUM A+REV 13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
002095 24 4MM SWITCHING STICKS	PHASE 3	01.7800 ACTIVE
002096 12 REUSABLE OBTURATOR	PHASE 3	01.7800 ACTIVE
002097 DUET SUCTION UNIT	PHASE 3	01.7800 ACTIVE
002098 DUET SUCTION UNIT	PHASE 3	01.7800 ACTIVE
002099 DUET SUCTION UNIT	PHASE 3	01.7800 ACTIVE
002100 DUET SUCTION UNIT	PHASE 3	01.7800 ACTIVE
002101 4 DUET SUCTION UNIT	PHASE 3	01.7800 ACTIVE
002102 2 DUET SUCTION UNIT	PHASE 3	01.7800 ACTIVE
002103 POSITIONING DEVICE, TABLE	PHASE 3	01.7800 ACTIVE
002104 LEICA CRYOSTAT CM 1850	PHASE 3	01.7800 ACTIVE
002105 KENMORE DISHWASHER, WHITE 24, ADA COMPLIANT"	PHASE 3	01.7800 ACTIVE
002106 UNDER THE COUNTER REFRIGERATOR, UNDER COUNTER MODELS	PHASE 3	01.7800 ACTIVE
002107 COMPACT REFRIGERATORS WITH AUTOMATIC DEFROST, WHITE	PHASE 3	01.7800 ACTIVE
002108 120 PETG GLOVE BOX HOLDER-TRIPLE	PHASE 3	01.7800 ACTIVE
002109 13 KENMORE 18 CU FT FREEZER REFRIGERATOR, NON ICE, WHITE	PHASE 3	01.7800 ACTIVE
002110 CLEANING CART, 31 QT TANDEM BUCKET, 10 KENMORE BLACK MICROWAVES	PHASE 3	01.7800 ACTIVE
002111 CLEANING CART, 31QT TANDEM BKT,10 KENMORE BLACK MICROWAVE	PHASE 3	01.7800 ACTIVE
002112 CLEANING CART, 31QT TANDEM BKT, KENMORE MICROWAVE, BLACK	PHASE 3	01.7800 ACTIVE
002113 KENMORE BLACK MICROWAVE, CLEANING CART, 31QT TANDEM BKT	PHASE 3	01.7800 ACTIVE
002114 KENMORE ELITE COUNTERTOP MICROWAVE	PHASE 3	01.7800 ACTIVE
002115 KENMORE BLACK COUNTERTOP MICROWAVE	PHASE 3	01.7800 ACTIVE
002116 KENMORE BLACK COUNTERTOP MICROWAVE	PHASE 3	01.7800 ACTIVE
002117 KENMORE BLACK COUNTERTOP MICROWAVE	PHASE 3	01.7800 ACTIVE
002118 2 CLEANING CART, 31 QT TANDEM BKT	PHASE 3	01.7800 ACTIVE

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002119 CLEANING CART, 31QT TANDEM BKT	PHASE 3	01.7800 ACTIVE
002120 CLEANING CART, 31 QT TANDEM BKT	PHASE 3	01.7800 ACTIVE
002121 CLEANING CART, 31QT TANDEM BKT	PHASE 3	01.7800 ACTIVE
002122 XWIDE FRAME UPHOLSTERED SEAT & ARMS, STANDARD HEIGHT	PHASE 3	01.7800 ACTIVE
002123 X-CFR-GO2 PORTABLE XRAY	PHASE 3	01.7800 ACTIVE
002124 2DR BLOOD BANK REFRIGERATOR	PHASE 3	01.7800 ACTIVE
002125 1DF LABORATORY/ PHARMACY FREEZER	PHASE 3	01.7800 ACTIVE
002126 2DR LABORATORY/ PHARMACY REFRIGERATOR	PHASE 3	01.7800 ACTIVE
002127 UPRIGHT ULTRA LOW-86 DEGREE FREEZER	PHASE 3	01.7800 ACTIVE
002128 MODEL 45 LABORATORY/PHARMACY REFRIGERATOR	PHASE 3	01.7800 ACTIVE
002129 1DF LABORATORY/ PHARMACY FREEZER	PHASE 3	01.7800 ACTIVE
002130 1DF LABORATORY/ PHARMACY FREEZER	PHASE 3	01.7800 ACTIVE
002131 LABOR COST FOR ACCELERATED SCHEDULE	PHASE 3	01.7800 ACTIVE
002132 DISTRACTOR, ELEV CORD,NONSCAPEL VASECTOMY KIT,OSTRUM,SCISSORS	PHASE 3	01.7800 ACTIVE
002133 SPINAL DISTRACTOR, DRILL GUIDE ,CALIPER,RETRACTOR,BONE TAMP	PHASE 3	01.7800 ACTIVE
002134 DINERWARE SOFTWARE SYSTEM W/STEALTH TERMINAL,SUPPORT SERVICES	PHASE 3	01.7800 ACTIVE
002135 CART/GENERATOR FORCETRIAD, BIPOLAR FOOTSWITCH,MONOPOLAR ADAPTER	PHASE 3	01.7800 ACTIVE
002136 LOCK BLADE CLAMP, ARTHROSCOPIC LEG HOLDER	PHASE 3	01.7800 ACTIVE
002137 CHEST ROLL GEL POSITIONER	PHASE 3	01.7800 ACTIVE
002138 ALLEN YELLOFIN ELITE, EASY LOCK BLADE CLAMP, EASY LOCK SOCKET	PHASE 3	01.7800 ACTIVE
002139 RESTRAINT STRAP XTRALONG, SPLIT LEG POSITIONER, FOOT REST	PHASE 3	01.7800 ACTIVE
002140 CLICKLINE BOWEL GRASPER KIT, DEBAKEY ATRAUM GRASP FCPS KIT	PHASE 3	01.7800 ACTIVE
002141 LIGHT CABLE	PHASE 3	01.7800 ACTIVE
002142 2 VARIOUS FEMORAL NECK ELEVATORS, HOHMAN RET VARIOUS ANGLES	PHASE 3	01.7800 ACTIVE
002143 CAMDUCTION BASE,FRIDGES, ICE MAKER,BLENDER,COVERS,MERCHANDISER,	PHASE 3	01.7800 ACTIVE
002144 KITCHEN EQUIPMENT, PANS, DISHES, UTENSILS, BOWLS	PHASE 3	01.7800 ACTIVE
002145 KITCHEN UTENSILS, WOKX, POT STOCKS, PANS, COVERS,MOPS	PHASE 3	01.7800 ACTIVE
002146 STAND, FOOT OPERATED	PHASE 3	01.7800 ACTIVE
002147 PERFUSOR SPACE PUMP PACKAGE	PHASE 3	01.7800 ACTIVE
002148 MCGRATH LARYNGOSCOPE HANDLE, BLADES, SU FASTRACH COMBOS	PHASE 3	01.7800 ACTIVE
002149 MCGARTH LARYNGOSCOPE HANDLE, BLADES, SU FASTRACH COMBOS	PHASE 3	01.7800 ACTIVE
002150 EAR SURGERY SPECILUM ROUND VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
002151 SURGICAL SCISSORS, TOOTH GRASP FORCEPS	PHASE 3	01.7800 ACTIVE
002152 KONICA	PHASE 3	01.7800 ACTIVE
002153 MAYFIELD SWIVEL HORSESHOE HEADREST, ADAPTER, WALL STG	PHASE 3	01.7800 ACTIVE
002154 IN LINE CARB BITE NH LFT CURVE	PHASE 3	01.7800 ACTIVE
002155 CANNULA MOUNT DUAL JAW, CABLE PMED VALLEYLAB	PHASE 3	01.7800 ACTIVE
002156 TROCHANTERIC REATTACHMENT DEVICE, CABLES, REAMING ROD W/BALL	PHASE 3	01.7800 ACTIVE

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002157 VARIOUS SIZE CABLE PASSERS, TENSIONER, CRIMPERS DEVICES	PHASE 3	01.7800 ACTIVE
002158 FLEXIBLE REAMER SET FOR IM NAILS	PHASE 3	01.7800 ACTIVE
002159 UNIVERSAL CHUCK WITH HANDLE	PHASE 3	01.7800 ACTIVE
002160 3 EVIS EXERAL HD COLONSCOPE	PHASE 3	01.7800 ACTIVE
002161 AMSCO STERIS OR TABLE	PHASE 3	01.7800 ACTIVE
002162 CART/FOOTSWITCH	PHASE 3	01.7800 ACTIVE
002163 LOMBARDI FEMORAL TIBIAL SPREADER	PHASE 3	01.7800 ACTIVE
002164 VIDEO CART KIT, PRINTER KIT, SURGICAL VIEWING MONITOR	PHASE 3	01.7800 ACTIVE
002165 TABLE INSTRUMENT SAWYER	PHASE 3	01.7800 ACTIVE
002166 SUTURE CART W/DOUBLE DOORS, FRONT & BACK W/LOCKS, 9 WIRE BASKET"	PHASE 3	01.7800 ACTIVE
002167 6 NEPTUNE 2 ROVER ULTRA	PHASE 3	01.7800 ACTIVE
002168 BARIATRIC WALKER 650LBS CAPACITY, ADULT WALKER 2 BUTTON	PHASE 3	01.7800 ACTIVE
002169 PATIENT TRANSFER ROLLERBOARD & COVER	PHASE 3	01.7800 ACTIVE
002170 PERRY ORTHOPAEDIC	PHASE 3	01.7800 ACTIVE
002171 IV POLES, RAMS, HOOKS LEGS 5490" HEIGHT SPACE"	PHASE 3	01.7800 ACTIVE
002172 DIGITAL SCALE, HIGH CAP, W/HANDRAILS	PHASE 3	01.7800 ACTIVE
002173 28 MINDRAY PULSE OXI ORAL TEMP, ACCESSORY KIT, ROLLSTAND	PHASE 3	01.7800 ACTIVE
002174 4 STOOL COMP BASE AIR	PHASE 3	01.7800 ACTIVE
002175 HOMED CLS CART	PHASE 3	01.7800 ACTIVE
002176 37- 3 SIDED EDC CART	PHASE 3	01.7800 ACTIVE
002177 28 WASTEBASKET, BEIGE, FIRE RESISTANT 28 QT CAPACITY	PHASE 3	01.7800 ACTIVE
002178 10 N560 PULSE OXIMETER	PHASE 3	01.7800 ACTIVE
002179 15 PLUM A REV13.2 MEDINET READY	PHASE 3	01.7800 ACTIVE
002180 2 UTILITY CART HD2 SHELVES	PHASE 3	01.7800 ACTIVE
002181 18 FLOWMETER OXYGEN DUAL BRASS	PHASE 3	01.7800 ACTIVE
002182 OXIMAX DURASENSOR AD OXYGEN SENSOR	PHASE 3	01.7800 ACTIVE
002183 CORE SUMEX DRILL & CORE SUMEX HAND SWITCH	PHASE 3	01.7800 ACTIVE
002184 MAESTRO SWITCH	PHASE 3	01.7800 ACTIVE
002185 MAESTRO UNIVERSAL FOOT PEDAL	PHASE 3	01.7800 ACTIVE
002186 ELITE SABER MED ANGLED, LONG ANGLED, LONG ATTACHMENTS	PHASE 3	01.7800 ACTIVE
002187 SABER XL ANGLED/XL STRAIGHT ATTACHMENTS	PHASE 3	01.7800 ACTIVE
002188 SD/PD MEDIUM STRAIGHT/ MEDIUM CURVED	PHASE 3	01.7800 ACTIVE
002189 MAESTRO MEDIUM ANGLED/LONG ANGLED ATTACHMENT	PHASE 3	01.7800 ACTIVE
002190 MAESTRO R ATTACHEMENT	PHASE 3	01.7800 ACTIVE
002191 TORQUE MAPPING SOFTWARE	PHASE 3	01.7800 ACTIVE
002192 THE MILL	PHASE 3	01.7800 ACTIVE
002193 NSE FOOTSWITCH	PHASE 3	01.7800 ACTIVE
002194 CORE SABER DRILL	PHASE 3	01.7800 ACTIVE

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002195 CORE MOTOR CONTROLLER	PHASE 3	01.7800 ACTIVE
002196 ELITE SABER MEDIUM ATTACHMENT	PHASE 3	01.7800 ACTIVE
002197 ANGLED PORTMANN CHUCK	PHASE 3	01.7800 ACTIVE
002198 ELITE MEDIUM IRRIGATION ATTACHMENT	PHASE 3	01.7800 ACTIVE
002199 BARIATRIC SUCTION CUP	PHASE 3	01.7800 ACTIVE
002200 22CM/19CM SI BAYONET WITH 0.7MM TIP	PHASE 3	01.7800 ACTIVE
002201 22CM/19CM/24CM SP BAYONET WITH 0.4MM TIP	PHASE 3	01.7800 ACTIVE
002202 24 CM SP BAYONET 0.7MM TIP	PHASE 3	01.7800 ACTIVE
002203 PC TRAY, TIP GUARDS, POLISHING CLOTH	PHASE 3	01.7800 ACTIVE
002204 25CM/23CM SK BAYONET 0.7MM TIP	PHASE 3	01.7800 ACTIVE
002205 24CM SP BAYONET 1.2MM TIP	PHASE 3	01.7800 ACTIVE
002206 SINGLE TRIGGER ROTARY W/SMALL ATTACHMENT	PHASE 3	01.7800 ACTIVE
002207 1/4 CHUCK W/KEY"	PHASE 3	01.7800 ACTIVE
002208 HUDSON/MODIFIED TRINKLE/SYS 6/MOD TRINKLE	PHASE 3	01.7800 ACTIVE
002209 AO LARGE ATTACHMENT	PHASE 3	01.7800 ACTIVE
002210 SGL TRIG PIN COLLET	PHASE 3	01.7800 ACTIVE
002211 DUAL TRIGGER ROTARY	PHASE 3	01.7800 ACTIVE
002212 SYSTEM 6 SAG SAW	PHASE 3	01.7800 ACTIVE
002213 SYS 6 RECIP	PHASE 3	01.7800 ACTIVE
002214 CORDLESS DRIVER 3	PHASE 3	01.7800 ACTIVE
002215 SABO SAG SAW	PHASE 3	01.7800 ACTIVE
002216 AO SMALL DRILL	PHASE 3	01.7800 ACTIVE
002217 PIN COLLET	PHASE 3	01.7800 ACTIVE
002218 1/4 DRILL WITH KEY"	PHASE 3	01.7800 ACTIVE
002219 AO LARGE REAMER	PHASE 3	01.7800 ACTIVE
002220 HUDSON/MOD TRINKLE REAMER	PHASE 3	01.7800 ACTIVE
002221 1/4 REAMER"	PHASE 3	01.7800 ACTIVE
002222 WIRE COLLET	PHASE 3	01.7800 ACTIVE
002223 SYSTEM 6 CHARGER	PHASE 3	01.7800 ACTIVE
002224 REMB MICRO DRILL	PHASE 3	01.7800 ACTIVE
002225 REMB OSC SAW	PHASE 3	01.7800 ACTIVE
002226 REMB SAG SAW	PHASE 3	01.7800 ACTIVE
002227 REMB UNIVERSAL DRIVER	PHASE 3	01.7800 ACTIVE
002228 REMB ELECTRIC WIREDRIVER/UNIDIRECTIONAL SWITCH	PHASE 3	01.7800 ACTIVE
002229 MICRODRILL STRAIGHT/ LONG STRAIGHT ATTACHMENT	PHASE 3	01.7800 ACTIVE
002230 MASTER/STD/MINI RECEIVER,REPEATER, NODE& PROBE, AUTO VOICE DLR	PHASE 3	01.7800 ACTIVE
002231 VARIOUS INSTR SETS, CONTAINER CARRIERS, STORAGE RACKS	PHASE 3	01.7800 ACTIVE
002232 VARIOUS SCISSORS,FORCEPS, RETRACTORS,BONE ELEVATORS, HOOKS	PHASE 3	01.7800 ACTIVE

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002233 2 SHOULDER INSTRUMENT CASE	PHASE 3	01.7800 ACTIVE
002234 VARIOUS RETRACTORS, SCISSORS, BONE ELEVATORS, BASKETS	PHASE 3	01.7800 ACTIVE
002235 FORCEPS,SCISSORS,NEEDLE HOLDERS,RETRACTORS,BONE ELEVATORS,HOOKS	PHASE 3	01.7800 ACTIVE
002236 CLAMPS, FORCEPS, NEEDLE HOLDERS, RETRACTORS,SCAPELS,HOOKS	PHASE 3	01.7800 ACTIVE
002237 SCISSORS,CLAMPS,FORCEPS,NEEDLE HOLDERS,RETRACTORS,SCAPELS,HOOKS,	PHASE 3	01.7800 ACTIVE
002238 VARIOUS FRAG SETS, FORCEPS, CANNULATED SCREWS	PHASE 3	01.7800 ACTIVE
002239 GRAFT PREP STATION	PHASE 3	01.7800 ACTIVE
002240 2 MODULAR SOFT TISSUE	PHASE 3	01.7800 ACTIVE
002241 DRILLS,DRILL GUIDES, REAMERS, RETRACTORS,HOOKS, PINS,	PHASE 3	01.7800 ACTIVE
002242 VARIOUS SUTURE INSTRUMENTS, HOOKS, GRASPERS,BEAKS, RASPS	PHASE 3	01.7800 ACTIVE
002243 14 FIBERWIRE SCISSORS	PHASE 3	01.7800 ACTIVE
002244 BIO TENODESIS INSTRUMENTATION SET, GUIDE PIN, HEADED REAMER	PHASE 3	01.7800 ACTIVE
002245 STAGBEETLE FORCEPS, REDUCTION FORCEPS WITH POINTS	PHASE 3	01.7800 ACTIVE
002246 SHOULDER INSTRUMENT SETS	PHASE 3	01.7800 ACTIVE
002247 ACL SETS	PHASE 3	01.7800 ACTIVE
002248 SHOULDER INSTRUMENT SETS	PHASE 3	01.7800 ACTIVE
002249 BARIATRIC SETS	PHASE 3	01.7800 ACTIVE
002250 TYMPANOPLASTY SETS	PHASE 3	01.7800 ACTIVE
002251 MASTOID SETS	PHASE 3	01.7800 ACTIVE
002252 8679588001 MAC5500 CLR STD ENG NA AHA ROOM #3088	PHASE 3	01.7800 ACTIVE
002253 8681111001 MAC5500 CLR STD ENG NA AHA ROOM #2050	PHASE 3	01.7800 ACTIVE
002254 8679401001 AESPIRE7900, CARDIOCAP5, CARDIOCAP5 W HEMO, RECORDER	PHASE 3	01.7800 ACTIVE
002255 8681105001 MAC5500 CLR STD ENG NA AHA ROOM # 2048	PHASE 3	01.7800 ACTIVE
002256 8679649001 9900 ELITE DIGITAL MOBILE STANDARD C-ARM ESP	PHASE 3	01.7800 ACTIVE
002257 8681117001 TLMSVR APROCH MP100R TELEMETRY AND ACCESSORIES	PHASE 3	01.7800 ACTIVE
002263 VIDEO PROCEDURE CARTS, VIDEO PROCESSORS,LIGHT SOURCES, PRINTERS	PHASE 3	01.7800 ACTIVE
002264 CYLINDER HOSES/HOLDERS,, LOCKABLE DRAWERS,SCOPE POLE KIT	PHASE 3	01.7800 ACTIVE
002265 AV PRESENTATION, OR SOUND SYSTEM, OH PAGING, CABELING	PHASE 3	01.7800 ACTIVE
002267 SINUS MACHINE, NAVIGATION SYSTEM INSTALLATION	PHASE 3	01.7800 ACTIVE
002268 OVERBED TABLES (60)	PHASE 3	01.7800 ACTIVE
002269 OVER BED TABLES (23)	PHASE 3	01.7800 ACTIVE
002271 RANAWAT ANT ACE RETR	PHASE 3	01.7800 ACTIVE
002272 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
002273 OUTLET STRIP	PHASE 3	01.7800 ACTIVE
002277 ELF A DRAWER ROLLING CART (6)	PHASE 3	01.7800 ACTIVE
002278 WASTEBASKET BEIGE FIRE RESISTANT 28QT (15)	PHASE 3	01.7800 ACTIVE
002279 WIRE CART SHELVES (10)	PHASE 3	01.7800 ACTIVE
002280 ROSS QUANTUM FLEXI FLO COMP (3)	PHASE 3	01.7800 ACTIVE

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002281 WIRE CUTTER NOTCHED IN JAW (10)	PHASE 3	01.7800 ACTIVE
002282 OXIMAX DURASENSOR AD OXYGEN (20)	PHASE 3	01.7800 ACTIVE
002283 TALL ISO CART 4 DRAWER (3)	PHASE 3	01.7800 ACTIVE
002284 BLOOD & FLUID WARMERS (8)	PHASE 3	01.7800 ACTIVE
002285 WASTEBASKET,BEIGE, FIRE RESISTANT (20)	PHASE 3	01.7800 ACTIVE
002286 FLO METER ALUM DUAL 15LPM (28)	PHASE 3	01.7800 ACTIVE
002287 STEEL 3 IN 1 COMMODE (8), BARIATRIC EX WIDE COMMODE (8)	PHASE 3	01.7800 ACTIVE
002288 METAL SHELVING	PHASE 3	01.7800 ACTIVE
002289 3 SIDE END CART 24X60X63 (2), S HOOK ROUND(8)	PHASE 3	01.7800 ACTIVE
002290 FERREIRA BREAST RETRACTOR (4)	PHASE 3	01.7800 ACTIVE
002291 STARTECH USB ADAPTER (4), BELKIN 60UT 5' CORD POWER STRIP(69)	PHASE 3	01.7800 ACTIVE
002292 KODAK SCANNER (8)	PHASE 3	01.7800 ACTIVE
002293 SUPER TOUGH BINS(530), UNIT DOSE BINS(190)	PHASE 3	01.7800 ACTIVE
002294 DIVIDERS FOR HCL (180)	PHASE 3	01.7800 ACTIVE
002295 HCL SUPER TOUGH BINS (6)	PHASE 3	01.7800 ACTIVE
002296 HCL SUPER TOUGH BINS VARIOUS SIZES	PHASE 3	01.7800 ACTIVE
002297 CABINET, DISPENSER, HAND TWL, MINI CFOLD	PHASE 3	01.7800 ACTIVE
002301 VAC PAC	PHASE 3	01.7800 ACTIVE
002302 VARIOUS INSTRUMENTS	PHASE 3	01.7800 ACTIVE
002303 HOLDER FILM SOLID FRONT SINGLE TAUPE	PHASE 3	01.7800 ACTIVE
002306 CART CYLINDER D/E SINGLE GE	PHASE 3	01.7800 ACTIVE
002307 MH-443 SUCTION VALVE, MH438 A/W VLVE F/140, BOX OF 20 MAJ-210	PHASE 3	01.7800 ACTIVE
002308 MAGIC PAD HSB	PHASE 3	01.7800 ACTIVE
002309 ENCLOSED CASE CART 2 DOOR 29X43X39	PHASE 3	01.7800 ACTIVE
002312 DISPENSER, FACEMASK, ADJUSTABLE DIVIDERS	PHASE 3	01.7800 ACTIVE
002317 HOPSKINS TELESCOPES 30/70, CATHETER DEFLECTING MECHANISM	PHASE 3	01.7800 ACTIVE
002326 3/4 SIZE PERF BASKET, 3/4 SIZE LID, 3/4 SIZE INSTRUMENT PAD	PHASE 3	01.7800 ACTIVE
002330 PHASE III ADDITIONAL ANTENNA LOCATIONS	PHASE 3	01.7800 ACTIVE
002331 BX43F MICROSCOPE WITH TRANSMITD ARM, POWERCORD	PHASE 3	01.7800 ACTIVE
002332 BX43F MICROSCOPE FRAME WITH TRANSMITD ARM, POWERCORD	PHASE 3	01.7800 ACTIVE
002333 MODULAR F/LAPAROSCOPIC INSTRUMENTS, SHEATH 10MM, GRASPER, ANVIL	PHASE 3	01.7800 ACTIVE
002336 VGA TRANSMITTERS, RECEIVERS	PHASE 3	01.7800 ACTIVE
002337 VGA CABLES,BALUNS,3COM SWITCHES, ERGOTRON PC MOUNTS, STANDS MONI	PHASE 3	01.7800 ACTIVE
002338 ES601 PLUS, EXTECH INSTRUMENTS EX470	PHASE 3	01.7800 ACTIVE
002339 STORAGE FEES	PHASE 3	01.7800 ACTIVE
002270 KNIFES, DISSECTOR, EXCAVATOR	PHASE 3	01.7800 ACTIVE
002274 T COAT MICRO HOLDER KERR	PHASE 3	01.7800 ACTIVE
002275 TUBE SUCTION HOUSE, HOUSE CUTTING BLOCK, ADAPTERS, OTOLIC SCISSO	PHASE 3	01.7800 ACTIVE

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002276 EVIS EXEREAL HD COLONSCOPE 12.8MM	PHASE 3	01.7800 ACTIVE
002298 LEG HOLDER, CLAMP TABLE	PHASE 3	01.7800 ACTIVE
002299 ID LABELS, CLAMPS,	PHASE 3	01.7800 ACTIVE
002300 OTO FLEX DRILL, OTOFLEX BUR, OTOFLEX TOOL	PHASE 3	01.7800 ACTIVE
002304 NEEDLE HOLDER SUPER RIGHTING 5MM/310MM	PHASE 3	01.7800 ACTIVE
002305 1/1 SIZE PERF BASKET, FULL SIZE INSTRUMENT PAD, ID LABEL BLACK	PHASE 3	01.7800 ACTIVE
002310 MICRO INSTRUMENT TRAY 200X200MM	PHASE 3	01.7800 ACTIVE
002311 E9000 HIGH SPEED DRILL, E9000 MED BUR GUARD, E9000 LNG BUR GUARD	PHASE 3	01.7800 ACTIVE
002313 FLAP KNIFE DISS, DBL END	PHASE 3	01.7800 ACTIVE
002314 ARC WRIST TOWER, FINGER TRAP(SM/MED/LRG/XLRG),TOWER PARTS ASMBLY	PHASE 3	01.7800 ACTIVE
002315 STORAGE STND FOR LIMB POSITIONER, WEIGHT HANGER ROD SLOTTED DISC	PHASE 3	01.7800 ACTIVE
002316 CANNULA 8MM REGULAR/LONG, CANNULA WITH OUTLET, SEAL 5MM	PHASE 3	01.7800 ACTIVE
002318 MEGA 2000 REUSABLE CORD STD CONNECTOR, MEGA SOFT SINGLE CORD	PHASE 3	01.7800 ACTIVE
002319 BF537 SPLIT LEG PACKAGE	PHASE 3	01.7800 ACTIVE
002320 BF435 ADULT ARM AND HAND TABLE, BF083 CLARK SOCKETS (PR)	PHASE 3	01.7800 ACTIVE
002322 SMART PUMP SINGLE CHANNEL (2), SMARTPUMP ROLLING STAND	PHASE 3	01.7800 ACTIVE
002325 SURGISTOOL(4), TEAR DROP SEAT	PHASE 3	01.7800 ACTIVE
002328 LITIGATOR COMPLETE	PHASE 3	01.7800 ACTIVE
002321 HD ARTHROSCOPE SPEED LOCK A/C 30A(4)/45A(4)/70A(4) DEGREES	PHASE 3	01.7800 ACTIVE
002323 NAVIGATION MISC SAMPLE(6), NAVLOCK 13-20MM	PHASE 3	01.7800 ACTIVE
002324 CAST CUTTER, VACUUM AND STAND, LG/SM CAST SPREADER	PHASE 3	01.7800 ACTIVE
002327 GENERATOR FORCETRIAD, VALLEYLAB MONOPOLAR ADAPTER	PHASE 3	01.7800 ACTIVE
002329 FLEXIBLE REAMER SET FOR IM NAILS	PHASE 3	01.7800 ACTIVE
002334 HARMONIC SCAPEL HAND PIECE (36)	PHASE 3	01.7800 ACTIVE
002335 MOBILE STEEL TABLE- HEAVY DUTY 36WX60"L"	PHASE 3	01.7800 ACTIVE
002340 ANTRUM CURETTE SMALL SIZE, BCKWRD/FRWD CUTTING, FORCEPS	PHASE 3	01.7800 ACTIVE
002350 PORTABLE MOBILE STAND, GLIDE SCOPES, STYLET, TRAINING PACK	PHASE 3	01.7800 ACTIVE
002351 BUNDLE NIM RESPONSE CART, MAINFRAME,PATIENT INTERFACE RESPONSE	PHASE 3	01.7800 ACTIVE
002352 RITE 6 SYSTEM	PHASE 3	01.7800 ACTIVE
002353 9 DREFX 300 HEADLIGHT SYSTEM	PHASE 3	01.7800 ACTIVE
002354 RALS PLUS CONNECTIVITY	PHASE 3	01.7800 ACTIVE
002355 VARIOUS BINS WITH VARIOUS LABELS	PHASE 3	01.7800 ACTIVE
002356 BLOOD DRAW CHAIR W/DRAWER, HEAVY DUTY UTILITY CART	PHASE 3	01.7800 ACTIVE
002357 ACHIEVE CHAIRS W/ARMS	PHASE 3	01.7800 ACTIVE
002358 SPINE SCREW REMOVAL GENERAL INSTRUMENT SET	PHASE 3	01.7800 ACTIVE
002359 ADJUSTABLE CERVICAL DISTRATOR LEFT/RIGHT, 3.5 HEX SCREWDRIVER	PHASE 3	01.7800 ACTIVE
002360 FLEXIBLE FIBEROPTIC ENDOSCOPE	PHASE 3	01.7800 ACTIVE
002361 VARIOUS FORCEPS, RHINOFORCE SCISSORS	PHASE 3	01.7800 ACTIVE

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002362 STERRAD NX STERILIZATION TRAY, RECHARGEABLE LED PORTABLE LITE	PHASE 3	01.7800 ACTIVE
002363 ROSE ROCKER WITH MESH SEAT AND BACK WITH VINYL TRIM, RM ARM STYL	PHASE 3	01.7800 ACTIVE
002365 TEMPORAL SCANNER THERMOMETER, BRUTE CONTAINER, FLOWMETER OXYGEI	PHASE 3	01.7800 ACTIVE
002366 BUDDE HALO RETRACTOR	PHASE 3	01.7800 ACTIVE
002367 MALIGNANT HYPERTHERMIA CART	PHASE 3	01.7800 ACTIVE
002368 ALVARADO KNEE SUPPORT ASSEMBLY	PHASE 3	01.7800 ACTIVE
002369 VERISMO EXPRESSO MACHINE, EVERPURE 950 WATER SOFTNER, BLENDER	PHASE 3	01.7800 ACTIVE
002370 CAMDUCTION BASE CHARGER	PHASE 3	01.7800 ACTIVE
002372 ARCADIS ORBIC 3D YMAT CARMS	PHASE 3	01.7800 ACTIVE
002373 MANO SCAN SYSTEM, RAPID PH SW KIT, BRAVO ACCESORIES	PHASE 3	01.7800 ACTIVE
002374 SUCTION MAXILLARY SINUS STARLINK INTERFACE	PHASE 3	01.7800 ACTIVE
002375 ENDOSCOPE HYSTEROSCOPE	PHASE 3	01.7800 ACTIVE
002376 ONE HANDLE IDRIVE KIT W7BX RALC	PHASE 3	01.7800 ACTIVE
002377 ORTHOSCAN HD 1000 W/DVR-5E1167	PHASE 3	01.7800 ACTIVE
002378 ORGANIZER, DISPENSER	PHASE 3	01.7800 ACTIVE
002379 12 CUSTOM HCAB CART, COMPONENT CODELOCK HORIZONTAL T1-1/8IN	PHASE 3	01.7800 ACTIVE
002380 12 KICKBUCKET 13.5 DIA 14" HSS 6 BASIN STANDS"	PHASE 3	01.7800 ACTIVE
002381 VS800 W/NIP MIDRAY PULSE OXI ORAL TEMP, ACCESSORY KIT, ROLLSTAND	PHASE 3	01.7800 ACTIVE
002382 NOIR TRANSSPHENOIDAL SPECULA 90X13MM	PHASE 3	01.7800 ACTIVE
002383 KERRISION THIN FT VARIOUS SIZES, RACK FOR BONE PUNCHES	PHASE 3	01.7800 ACTIVE
002384 BASIC CARPA TABLE, EASY LOCK BLADE CLAMP	PHASE 3	01.7800 ACTIVE
002385 ES100X MINI DOP 8MHZ CLINIC PROBE	PHASE 3	01.7800 ACTIVE
002386 ES100X MINIDOP 8MHZ CLINIC PROBE	PHASE 3	01.7800 ACTIVE
002387 VARIOUS FORCEPS, AUTOCLAVE, STOPCOCKS, VIDEOSCOPE, URETEROS	PHASE 3	01.7800 ACTIVE
002388 FORCEPS, BIPOLAR, KLEPPINGER SCISSOR STYLE, CABLE, BIPOLAR	PHASE 3	01.7800 ACTIVE
002389 8 SUTURE CART, DOUBLE DOORS FRONT & BACK W/ LOCKS, 9WIRE BASKET"	PHASE 3	01.7800 ACTIVE
002390 24 FLT SCREEN SONY HD MONITOR"	PHASE 3	01.7800 ACTIVE
002391 25 CLICKLINE FRANGENHEIM BIOPSY PUNCH FORCEPS KIT	PHASE 3	01.7800 ACTIVE
002424 INT ROLLED IN CAP LEASE GE #8685811-001 OLYMPUS	PHASE 3	01.7800 ACTIVE
002425 INT ROLLED INTO GE CAP LSE #8685156-001 AP GULF STATES	PHASE 3	01.7800 ACTIVE
002426 INT ROLLED INTO GE CAP LSE#8685329-001 CUMMINGS/VDI	PHASE 3	01.7800 ACTIVE
002448 FF&E FOR DATA CENTER	PHASE 3	01.7760 ACTIVE
002449 DATACENTER SWITCH	PHASE 3	01.7760 ACTIVE
002454 DATA CENTER FURNITURE	PHASE 3	01.7760 ACTIVE
002455 DATA CENTER GLASS BOARDS	PHASE 3	01.7760 ACTIVE
002456 DATACENTER	PHASE 3	01.7760 ACTIVE
002502 GE LEASE 8685658-001 INTEREST	PHASE 3	01.7800 ACTIVE
002503 GE INTERCOM LEASE 8685416001 INTEREST	PHASE 3	01.7800 ACTIVE

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002507 CABLING FOR PATIENT MONITORS	PHASE 3	01.7760 ACTIVE
002516 WHEEL CHAIR (18)	PHASE 3	01.7800 ACTIVE
002528 SIEMENS INTEREST	PHASE 3	01.7800 ACTIVE
002533 GE OPTIMA XR220 AMX	PHASE 3	01.7800 ACTIVE
002596 ROBOTIC ARM INTERACTIVE ORTHOPEDIC SYSTEM	PHASE 3	01.7420 ACTIVE
002658 SIEMENS PREPAYMENT PENALTY-GE REFINANCE	PHASE 3	01.7500 ACTIVE
002659 SIEMENS PREPAYMENT PENALTY-GE REFINANCE	PHASE 3	01.7500 ACTIVE
003106 DESIGN & INSTALLATION OF RACK SWITCH STACKS	PHASE 3	COMPLRG 01.7760 ACTIVE
003109 CABINETS ELECTRICAL FIBER AND COPPER DATACENTER EXPANSION	PHASE 3	ELECLICOND 01.7760 ACTIVE
003107 CABINETS ELECTRICAL FIBER AND COPPER DATACENTER EXPANSION	PHASE 3	ELECLICOND 01.7900 ACTIVE
001808 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001809 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001810 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001811 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001812 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001813 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001814 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001815 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001816 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001817 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001818 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001819 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001820 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001821 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001822 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001823 5TH WHEEL STRETCHER 26"	PHASE 3	1.742 ACTIVE
001594 WHEELCHAIR PEDIATRIC 14"	PHASE 3	1.78 ACTIVE
001595 WHEELCHAIR PEDIATRIC 14"	PHASE 3	1.78 ACTIVE
002364 J-M FORCEPS, BAYONET NH, 14MM JAWS162MM6.25, PARELLANH TC 7"	PHASE 3	1.78 ACTIVE
002371 CVC KIT 3-LUMEN 7CFR X 16CM/20CM, RA CATH SET 20GA X1-3/4"	PHASE 3	1.78 ACTIVE
001338 BUILDOUT COST FOR FPMC SCHEDULING DEPT (STE 440)	PHASE II - LI	01.7840 ACTIVE
001168 GLASS WRITING BOARDS (MOB II STE 440)	PHASE II - LI	01.7800 ACTIVE
001196 INSTALLATION, SET-UP & PROGRAMMING OF PRI & EXPANS CABINET	PHASE II - LI	01.7760 ACTIVE
001206 GLASS WRITING BOARD FOR CONFERENCE ROOM (MOB II STE 440)	PHASE II - LI	01.7800 ACTIVE
001202 TENANT IMPROVEMENTS IN EXCESS OF ALLOWANCE(MOB PHASEII)	PHASE II - LI	01.7800 ACTIVE
001200 CARPETING,TAPE/BED& PAINT FOR BUS DEVELOPMENT STORAGE AREA	PHASE II - LI	01.7845 ACTIVE
001201 STORAGE ROOM FINISH OUT (PHASE II STE 360)	PHASE II - LI	01.7845 ACTIVE
001360 LOWER CABINETS UNDER LOUNGER,COUNTERTOP WITH LOWER UNIT(VIBRANT)	PHASE II - LI	01.7800 ACTIVE

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001323 LABOR TO TEAR DOWN FURNITURE & MOVE TO VARIOUS LOCATIONS	PHASE II - LI		01.7800 ACTIVE
001322 CUT IN AND HANG NEW DOOR AND FRAME(ACCOUNTING/MEETING ROOM)	PHASE II - LI		01.7800 ACTIVE
001344 TENANT IMPROVEMENT COSTS ASSOCIATED WITH STE 240(MOB PHASE2)	PHASE II - LI		01.7800 ACTIVE
001390 FURNISH & INSTALL 2 PASS THRU SLIDERS (STE 250)	PHASE II - LI		01.7800 ACTIVE
001361 XRAY ROOM CIRCUIT (STE 200)	PHASE II - LI		01.7800 ACTIVE
001853 TENANTIMPROVEMENTSINEXCESSOFALLOWANCE(PHASEII STE410&RESTROOMS	PHASE II - LI		01.7800 ACTIVE
002058 TENANT IMPROVEMENT COSTS RELATED TO STE 300(MOB PHASE2)	PHASE II - LI		01.7800 ACTIVE
000154 3- MS Office Professional Licenses	SOFTWARE		01.7760 RETIRED
000481 AP CHECK WRITING CHIP	SOFTWARE		01.7750 RETIRED
000550 SOFTWARE GE INFO TECH ECG	SOFTWARE		01.7100 RETIRED
000549 TRANSCRIPTION INTERFACE MEDITECH	SOFTWARE		01.7740 RETIRED
000697 WINDOWS SERV 2003 R2 SP2 WITH 5 CALs OEM	SOFTWARE		01.7760 RETIRED
000721 2 OFFICE PROFESSIONAL PLUS 2007 ENG OLP	SOFTWARE		01.7760 RETIRED
000727 WINDOWS SERVERS LICENSE 2003	SOFTWARE		01.7760 RETIRED
000859 1 IPEOPLE CONNECT SFTWRE	SOFTWARE		01.7760 ACTIVE
000856 2 OFFICE 07 ENG	SOFTWARE		01.7760 ACTIVE
000865 HEALTHCARE INFORMATION SYSTEM 40% BLOOD BANK SOFTWARE	SOFTWARE	COMPSOFT	01.7760 ACTIVE
000875 COREPOINT INTEGRATION ENGINE (10 CONNECTIONS)	SOFTWARE		01.7760 ACTIVE
000928 CONNECT PLUS & META TRADE INTEGRATION FEES	SOFTWARE	SOFTWARE	01.7760 ACTIVE
000903 MEDITECH-40%+10% OF BLOOD BANK LICENSE & IMPLEMENT FEE	SOFTWARE		01.7760 ACTIVE
000918 MCKESSON RADIOLOGY OFFICE - PACS SOFTWARE	SOFTWARE		01.7550 RETIRED
000919 MCKESSON PACS - THIRD PARTY SOFTWARE (ORACLE)	SOFTWARE	COMPSOFT	01.7550 ACTIVE
000968 MCKESSON PACS-THIRD PARTY SOFTWARE FOR TEST SYSTEM	SOFTWARE		01.7550 ACTIVE
000984 MCKESSON RADIOLOGY OFFICE - PACS SOFTWARE	SOFTWARE		01.7550 ACTIVE
000985 MCKESSON PACS - THIRD PARTY SOFTWARE (POWERSCRIBE)	SOFTWARE		01.7550 ACTIVE
000916 COREPOINT INTEGRATION ENGINE	SOFTWARE		01.7760 ACTIVE
000952 MEDITECH HCIS TO OV PACS INTERFACE SUITE	SOFTWARE		01.7550 ACTIVE
001242 DICOM SOFTWARE PACKAGE FOR PRE-OWNED GE LOGIQ 7 ULTRASOUND	SOFTWARE	ULTRASOUND	01.7550 ACTIVE
001272 3 ELEC DWNLD -OLP WINSVRSTD 2008 R2 SNGL	SOFTWARE	SOFTWARE	01.7760 ACTIVE
001324 5 ADDTL CXNS FOR COREPOINT INTEGRATION ENGINE	SOFTWARE		01.7760 ACTIVE
001326 LICENSES FOR ACUIEC SERVER (200)	SOFTWARE		01.7760 ACTIVE
001325 LEAD APRON INVENTORY TRACKING SOFTWARE	SOFTWARE		01.7550 ACTIVE
001327 SQL LICENSE & ADOBE FOR WORKSTATIONS (ACESS/EFORMS PROJECT)	SOFTWARE		01.7760 ACTIVE
001374 5 OLP OFFICES TD 2010 SNGL NL (SOFTWARE FOR FAS#1373)	SOFTWARE		01.7760 ACTIVE
001370 ELECTRONIC BACK ROOM CONVERSION SOFTWARE(MEDICAL RECORDS)	SOFTWARE		01.7740 ACTIVE
001384 MEDITECH ACUIEC OR MANAGER & IMPLEMENTATION	SOFTWARE		01.7760 ACTIVE
001388 MEDITECH INTERFACE W/ TOSOH FOR LAB	SOFTWARE		01.7500 ACTIVE
001389 MEDITECH INTERFACE RALS/MAS FOR LAB	SOFTWARE		01.7500 ACTIVE

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001383 INTERFACE TO MEDITECH FOR ADDING PATIENTS FROM ACUI TEC	SOFTWARE	01.7760 ACTIVE
001386 E-FORMS DOCUMENTATION MANAGEMENT/IMAGING SYSTEM	SOFTWARE	01.7760 ACTIVE
001387 ELECTRONIC FILE BACK SCAN (BUSINESS OFFICE/PHARMACY/LAB/AP)	SOFTWARE	01.7760 ACTIVE
002026 CRANIAL UPGRADE/SOFTWARE	SOFTWARE	01.7420 ACTIVE
002417 ENT NAVIGATION SOFTWARE UPATE	SOFTWARE	01.7420 ACTIVE
002392 PHARMACY DISPENSING SYSTEM INTERFACE	SOFTWARE	01.7660 ACTIVE
002435 SPECTRALINK PHONE FOR RESPIRATORY	SOFTWARE	01.7460 ACTIVE
002451 KVM SERVER SOFTWARE	SOFTWARE	01.7760 ACTIVE
002452 ASA REPLACEMENT	SOFTWARE	01.7760 ACTIVE
002470 CORPORATE MANAGEMENT SOFTWARE	SOFTWARE	01.7760 ACTIVE
002510 MED ASSETS MANAGED CARE SOFTWARE	SOFTWARE	01.7800 ACTIVE
002531 PHARMACY AUTOMATION SYSTEM (MEDITECH PHACTS INTERFACE)	SOFTWARE	01.7660 ACTIVE
002535 HEALTHLINE ECHO CLOUD HOSTING-CREDENTIALING	SOFTWARE	01.7830 ACTIVE
002607 TeamHeadquarters Usre License/Installation	SOFTWARE	01.7820 ACTIVE
002619 AVAYA IP STATION SPECTRALINK LICENSE	SOFTWARE	01.7760 ACTIVE
002655 WAVETWO LLC SOFTWARE	SOFTWARE	01.7760 ACTIVE
002656 ACAP HEALTH SOFTWARE	SOFTWARE	01.7760 ACTIVE
002660 WAVETWO SOFTWARE SETUP	SOFTWARE	01.7760 ACTIVE
002663 CERTEGRA WORKSTATION SOFTWARE	SOFTWARE	01.7570 ACTIVE
002668 ECHO CREDENTIALING MGMT SYSTEM	SOFTWARE	01.7760 ACTIVE
002681 ECHO CREDENTIALING MGMT SYSTEM	SOFTWARE	01.7760 ACTIVE
002683 MEDITECH SOFTWARE UPGRADE	SOFTWARE	01.7760 ACTIVE
002678 ACT SOFTWARE	SOFTWARE	01.7820 ACTIVE
002736 15- GUARDRAILS LVP LICENSE	SOFTWARE	01.7420 ACTIVE
002742 5- GUARDRAILS SUITE MX-80	SOFTWARE	01.7420 ACTIVE
002842 GUARDRAILS SUITE MX-80/LVP LICENSE	SOFTWARE	01.7420 ACTIVE
003052 BACTALERT 3D W/OBSERVATION	SOFTWARE	01.7200 ACTIVE
003053 LAB INSTRUMENT WALKAWAY	SOFTWARE	01.7500 ACTIVE
003051 ACUI TEC SOFTWARE MILESTONES	SOFTWARE	01.7760 ACTIVE
003063 WIRELESS AP'S	SOFTWARE	01.7760 ACTIVE
003081 NUANCE SOFTWARE	SOFTWARE	01.7550 ACTIVE
003085 MEDITECH SOFTWARE	SOFTWARE	01.7760 ACTIVE
003089 NUANCE SOFTWARE-REIMB FEES	SOFTWARE	01.7550 ACTIVE
000971 MCKESSON PACS - THIRD PARTY SOFTWARE (POWERSCRIBE)	SOFTWARE	01.7550 ACTIVE
001358 5 ADDTL CXNS FOR COREPOINT INTEGRATION ENGINE=20 CONNEC	SOFTWARE	01.7760 ACTIVE
001845 ONBASE MEDITECH IMPLEMENTATION COSTS(CONSULTANT TRAVEL)	SOFTWARE	01.7760 ACTIVE
002513 JACOBSON SUITE 480	TOWER LSE IMP	01.7800 ACTIVE
002514 NICHOLSON SUITE 460 TOWER	TOWER LSE IMP	01.7800 ACTIVE

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002515 WYATT SUITE 400	TOWER LSE IMP		01.7800 ACTIVE
002539 PREWITT SUITE 300 TOWER	TOWER LSE IMP		01.7800 ACTIVE
002590 PREWITT TFO #7	TOWER LSE IMP		01.7900 ACTIVE
002643 DR. WYATT EXPANSION - SUITE 400	TOWER LSE IMP	OFFICEFURN	01.7800 ACTIVE
002644 DR. WYATT EXPANSION - SUITE 400	TOWER LSE IMP	OFFICEFURN	01.7800 ACTIVE
002645 DR. WYATT EXPANSION - SUITE 400	TOWER LSE IMP	OFFICEFURN	01.7800 ACTIVE
002646 DR. WYATT EXPANSION - SUITE 400	TOWER LSE IMP	OFFICEFURN	01.7800 ACTIVE
002682 CABLING FOR PHYSICIANS LOUNGE	TOWER LSE IMP		01.7800 ACTIVE
003095 CATEGORY 6 CABLE UPGRADE	TOWER LSE IMP	ELECLICOND	01.7900 ACTIVE
003096 AUDIO & VISUAL ADDED TO AUDITORIUM	TOWER LSE IMP		01.7900 ACTIVE
003098 AUDIO & VISUAL ADDED TO AUDITORIUM	TOWER LSE IMP		01.7900 ACTIVE
003110 IT TFO EXPANSION	TOWER LSE IMP		01.7765 ACTIVE
003111 IT TFO EXPANSION	TOWER LSE IMP		01.7765 ACTIVE
003114 FPMC DALLAS IT SUITE RENOVATION	TOWER LSE IMP		01.7765 ACTIVE
003115 IT EXPANSION TOWER	TOWER LSE IMP		01.7765 ACTIVE
003120 IT EXPANSION TOWER-RETAINAGE	TOWER LSE IMP		01.7765 ACTIVE
003122 IT EXPANSION TOWER-PAY APP #3	TOWER LSE IMP		01.7765 ACTIVE
003123 IT EXPANSION OFFICE FURNITURE	TOWER LSE IMP	OFFICEFURN	01.7765 ACTIVE
003124 IT EXPANSION OFFICE FURNITURE	TOWER LSE IMP	OFFICEFURN	01.7765 ACTIVE

Debtor **Forest Park Medical Center, LLC**
NameCase number (if known) **16-40302****Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
Hospital licenses			Unknown
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10.			\$0.00

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

	Current value of debtor's interest
71. Notes receivable	
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	

Debtor **Forest Park Medical Center, LLC**
NameCase number (if known) **16-40302****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** Examples: Season tickets, country club membership**Investments in other hospitals (booked value: 2699937)****Unknown****78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No
☐ Yes**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$322.40</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$886,010.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$342,600.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$12,000,000.00</u>	
88. Real property. Copy line 56, Part 9..... →		<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$13,228,932.40</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$13,228,932.40

Fill in this information to identify the case:Debtor name Forest Park Medical Center, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF TEXASCase number 16-40302
(if known)☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

- 2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

- 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$4,359,174.56

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.1	Creditor's name Callidus Capital Corporation	Describe debtor's property that is subject to a lien Blanket Lien	\$2,651,941.65	\$13,228,932.40
	Creditor's mailing address 181 Bay Street	Describe the lien Agreement		
	Ste 4620			
	Toronto, Ontrio M5J2T3	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			
	For See attached list (value indicated includes all other catago: 1) Dallas County; 2) Richardson ISD; 3) Callidus Capital Corporation. For Billed and Unbilled Receivables (amount is approximate): 1) Callidus Capital Corporation. For Investments in other hospitals (booked value: 2699937): 1) Callidus Capital Corporation. For See attached list: 1) Callidus Capital Corporation. For See attached list: 1) Callidus Capital Corporation. For See attached list: 1) Callidus Capital Corporation. For Disbursement Account (overdrawn): 1) Callidus Capital Corporation. For Inventory (valued at 50% of book) : 1) Richardson ISD; 2) Dallas County; 3) Callidus Capital Corporation. For Membership interest in FPMC Dallas Investment in Frisco, LLC: 1) Callidus Capital Corporation. For Membership interest in FPMC Dallas Investment in Southlake, : 1) Callidus Capital Corporation. For Membership interest in FPMC Dallas Investment in Fort Worth,: 1) Callidus Capital Corporation. For Membership interest in FPMC Dallas Investment in San Antonio: 1) Callidus Capital Corporation. For Membership interest in FPMC Dallas Investment in Austin, LLC: 1) Callidus Capital Corporation. For Membership Interest in FPMC Dallas Investment in Kansas City: 1) Callidus Capital Corporation. For			

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.2	Creditor's name City of Dallas	Describe debtor's property that is subject to a lien Tangible Personal Property	\$0.00	\$0.00
	Creditor's mailing address 500 Elm Street	Describe the lien Taxes - BPP / Statutory Lien		
	Records Building			
	Dallas TX 75202-3504	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.3	Creditor's name Dallas County	Describe debtor's property that is subject to a lien Tangible Personal Property	\$1,175,002.70	\$12,342,600.00
	Creditor's mailing address 500 Elm Street	Describe the lien Taxes - BPP / Statutory Lien		
	Records Building			
	Dallas TX 75202-3504	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.4	Creditor's name <u>Dallas County Community College Distr</u> Creditor's mailing address <u>500 Elm Street</u> <u>Records Building</u> <u>Dallas TX 75202-3504</u> Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Tangible Personal Property</u> Describe the lien <u>Taxes - BPP / Statutory Lien</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
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2.5	Creditor's name <u>EVERBANK COMMERCIAL FINANCE</u> Creditor's mailing address <u>ATTN TANYA HERNANDEZ</u> <u>10 WATERVIEW BLVD</u> <u>PARSIPPANY NJ 07054</u> Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>medical equipment</u> Describe the lien <u>Secured loan</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>\$0.00</u>
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Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.6	Creditor's name Parkland Hospital	Describe debtor's property that is subject to a lien Tangible Personal Property	\$0.00	\$0.00
	Creditor's mailing address 500 Elm Street	Describe the lien Taxes - BPP / Statutory Lien		
	Records Building			
	Dallas TX 75202-3504	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.7	Creditor's name Richardson ISD	Describe debtor's property that is subject to a lien Tangible Personal Property	Unknown	\$12,342,600.00
	Creditor's mailing address 970 Security Drive	Describe the lien Taxes - BPP / Statutory Lien		
	Richardson TX 75081	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			
	Past levy was \$521,088.05			

Fill in this information to identify the case:

Debtor Forest Park Medical Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number 16-40302
(if known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <u>Abebe, Medhanit</u> <u>9835 N Macarthur Blvd #1702</u> <u>Irving</u> TX <u>75063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll and PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,793.46</u> <u>\$5,793.46</u>

2.2 Priority creditor's name and mailing address <u>Aguilar, Maria</u> <u>8541 Odom Drive</u> <u>Dallas</u> TX <u>75217</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll and PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,087.01</u> <u>\$2,087.01</u>
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Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.3 Priority creditor's name and mailing address**Arias, Elizabeth****2209 Revere Drive**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,408.42**\$4,408.42****Irving TX 75061**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.4** Priority creditor's name and mailing address**Baker, Jordan****2530 Reagan St. #3213**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$396.26**\$396.26****Dallas TX 75219**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.5** Priority creditor's name and mailing address**Baum, Donna****3601 Tanner Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$10,976.08**\$10,976.08****Richardson TX 75082**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.6 Priority creditor's name and mailing address**Brown, Gracie****2513 Johnson Dr.**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,193.84**\$2,193.84****Mesquite TX 75181**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.7** Priority creditor's name and mailing address**Bruce, James****7117 Don Gomez**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,333.10**\$3,333.10****Garland TX 75043**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.8** Priority creditor's name and mailing address**Burgess, Kevin****2928 Reata Dr**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,865.62**\$4,865.62****Wylie TX 75098**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.9 Priority creditor's name and mailing address**Castillo, Gabriela****500 Joyce Rd.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$406.25**\$406.25****Garland TX 75040**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.10** Priority creditor's name and mailing address**Castillo, Sandra****6933 George Brown**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$8,061.90**\$8,061.90****Garland TX 75043**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.11** Priority creditor's name and mailing address**Catanzano, Joel****8601 St. Andrews Ln.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,799.95**\$2,799.95****Rowlett TX 75089**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.12 Priority creditor's name and mailing address**Chandler, Deanna****3626 Fore Circle**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,160.88**\$2,160.88****Farmers Branch TX 75234**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

2.13 Priority creditor's name and mailing address**Chatham, Britnee****126 Crest Brook Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,084.30**\$4,084.30****Red Oak TX 75154**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.14 Priority creditor's name and mailing address**Clark, Tiffany****3212 Manchester Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,809.20**\$4,809.20****Mesquite TX 75150**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.15 Priority creditor's name and mailing address**Conway, Kathleen****366 County Road 1185**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,122.90**\$2,122.90****Sulphur Springs TX 75482**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.16** Priority creditor's name and mailing address**Coppa, Marie****2421 Park Vista Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,382.47**\$4,382.47****Dallas TX 75228**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.17** Priority creditor's name and mailing address**Cornejo, Nanci****9935 Witham St**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$664.18**\$664.18****Dallas TX 75220**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.18 Priority creditor's name and mailing address**Cortez, Aracely****1129 Lorraine Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,610.14**\$1,610.14****Mesquite TX 75149**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.19** Priority creditor's name and mailing address**Custodio, Elizabeth****3602 Christine St.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,017.92**\$2,017.92****Rowlett TX 75088**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.20** Priority creditor's name and mailing address**Debose, David****302 Grand Highlands Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,625.22**\$3,625.22****Wylie TX 75098**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.21 Priority creditor's name and mailing address**Delgado, Ashley****12732 Feathering Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,374.49**\$2,374.49****Frisco TX 75034**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.22** Priority creditor's name and mailing address**Delozier, Ashton****6506 Marquett Ct**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,029.86**\$6,029.86****Rowlett TX 75087**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.23** Priority creditor's name and mailing address**Dimberu, Kewakbt****9672 Ironwood Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,198.38**\$3,198.38****Frisco TX 75034**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.24 Priority creditor's name and mailing address**Diora, Hetal****1310 Oak Hill Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$456.75**\$456.75****Murphy TX 75094**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

2.25 Priority creditor's name and mailing address**Dixon, Reggie****8202 Lake Valley Ct.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$17,244.40**\$12,250.00****Rowlett TX 75089**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.26 Priority creditor's name and mailing address**Dubovsky, Nicole****3017 Alderon Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$715.58**\$715.58****Garland TX 75044**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.27 Priority creditor's name and mailing address**Eagle, Rebecca****625 Cullum Ave**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,178.10**\$2,178.10****Hurst TX 76053**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.28** Priority creditor's name and mailing address**Ebrahimi, Behzad****6912 Napa Valley Drive**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,808.15**\$1,808.15****Frisco TX 75035**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.29** Priority creditor's name and mailing address**Elliot, Cristal****6915 Oaklawn**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$633.69**\$633.69****Sachse TX 75048**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.30 Priority creditor's name and mailing address**Evans, Lynette****5423 Owenwood**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,208.56**\$2,208.56****Dallas TX 75223**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.31** Priority creditor's name and mailing address**Fink, Katrina****16721 Village Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,308.00**\$3,308.00****Dallas TX 75248**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.32** Priority creditor's name and mailing address**Fornea, Lydia****2636 Cypress Point Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,440.25**\$1,440.25****Dallas TX 75253**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.33 Priority creditor's name and mailing address**Godfrey, Toby****9864 Ludwick Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,073.07**\$2,073.07****Frisco TX 75035**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.34** Priority creditor's name and mailing address**Golden, Adam****7525 LaVista Drive, #1731**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,899.03**\$6,899.03****Dallas TX 75214**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.35** Priority creditor's name and mailing address**Gomez, Lionso****1509 Shorecrest Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$112.00**\$112.00****Garland TX 75040**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.36 Priority creditor's name and mailing address**Gonzalez, Margarita****1909 Evergreen Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,198.98**\$3,198.98****Garland TX 75040**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.37** Priority creditor's name and mailing address**Gonzalez, Ricardo****1909 Evergreen**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,157.29**\$1,157.29****Garland TX 75040**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.38** Priority creditor's name and mailing address**Gray, Jeannette****3501 Westshore Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,126.29**\$2,126.29****Rowlett TX 75088**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.39 Priority creditor's name and mailing address**Grellmann, Emerson****7732 Meadow Rd. #211**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$240.50**\$240.50****Dallas TX 75230**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.40** Priority creditor's name and mailing address**Guevara, Ermel****3921 Coronado Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,010.16**\$2,010.16****Plano TX 75074**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.41** Priority creditor's name and mailing address**Gurganus, Laura****7405 Providence Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,500.83**\$1,500.83****Rowlett TX 75089**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.42 Priority creditor's name and mailing address**Gutierrez, Amy****701 Legacy Dr #724**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,980.13**\$1,980.13****Plano TX 75023**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.43** Priority creditor's name and mailing address**Halbert, Callie****227 Rockbrook dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,680.00**\$1,680.00****Wylie TX 75098**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.44** Priority creditor's name and mailing address**Hammond, Janah****2760 Beacon Hill Drive**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$9,513.84**\$9,513.84****Rockwall TX 75087**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.45 Priority creditor's name and mailing address**Harp, Rhonda****7918 Killarney Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,500.99**\$6,500.99****Rowlett TX 75089**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.46 Priority creditor's name and mailing address**Hernandez, Maria****3912 Picato Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,352.14**\$2,352.14****Plano TX 75074**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.47 Priority creditor's name and mailing address**Hocate, Jessica****1013 Brookview Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$892.50**\$892.50****Allen TX 75002**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.48 Priority creditor's name and mailing address**Hockett, Mike****803 Green Brook Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$7,984.24**\$7,984.24****Allen TX 75002**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.49 Priority creditor's name and mailing address**Hopper, Robert****6669 Rutherford Road**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,124.03**\$2,124.03****Plano TX 75023**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

2.50 Priority creditor's name and mailing address**Hough, Kimberly****4110 White Swan Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,663.12**\$3,663.12****Garland TX 75044**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.51 Priority creditor's name and mailing address**Hurtault, Angela****5840 Spring Valley Rd. #708**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,633.50**\$2,633.50****Dallas TX 75254**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.52** Priority creditor's name and mailing address**Johnson, Carrie****3901 Travis St #123**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$13,002.40**\$12,250.00****Dallas TX 75204**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.53** Priority creditor's name and mailing address**Justus, Thyren****3520 Wheeler Street Apt 1504**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$654.50**\$654.50****Dallas TX 75209**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.54 Priority creditor's name and mailing address**Kaur, Kashmir****636 S. Greenville Ave**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$23,000.00**\$12,250.00****Richardson TX 75081**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.55** Priority creditor's name and mailing address**Kerkove, Kenyon****2003 Moonlight Trail**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,120.13**\$4,120.13****Heartland TX 75126**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.56** Priority creditor's name and mailing address**Kermath, Mary****Po Box 161**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$938.37**\$938.37****Anna TX 75409**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.57 Priority creditor's name and mailing address**Kim, Juhee****1552 Bosque Drive**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$8,787.00**\$8,787.00****Carrollton TX 75010**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.58** Priority creditor's name and mailing address**Kovalic, John****4827 Golfside Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$974.43**\$974.43****Frisco TX 75035**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.59** Priority creditor's name and mailing address**Krenek, Margaret****6727 Del Norte Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,307.17**\$3,307.17****Dallas TX 73225**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.60 Priority creditor's name and mailing address**Laufer, Rachel****6408 Rosemary Ct**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$960.00**\$960.00****Mckinney TX 75071**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

2.61 Priority creditor's name and mailing address**Laufer, Rachel****6408 Rosemary Ct**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$960.00**\$960.00****Mckinney TX 75071**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

2.62 Priority creditor's name and mailing address**Lind, Lauren****1721E. Beltline Rd., Apt 223**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$867.00**\$867.00****Coppell TX 75019**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.63 Priority creditor's name and mailing address**Litzelfelner, Todd****13627 Rolling Hills Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,346.47**\$1,346.47****Dallas TX 75240**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.64** Priority creditor's name and mailing address**Lopez, Erica****1922 Vail Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,504.05**\$4,504.05****Garland TX 75044**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.65** Priority creditor's name and mailing address**Lopez, Jacqueline****2811 Glen Hollow Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,243.00**\$5,243.00****Mckinney TX 75070**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.66 Priority creditor's name and mailing address**MacAluso, Christi****5705 Bent Creek Trail**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$437.25**\$437.25****Dallas TX 75252**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.67** Priority creditor's name and mailing address**Mata, Sandra****300 Menlo Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,836.02**\$4,836.02****Mesquite TX 75149**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.68** Priority creditor's name and mailing address**Mathew, Jacob****357 Ash Brook Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,180.23**\$3,180.23****Sunnyvale TX 75182**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.69 Priority creditor's name and mailing address**McCoy, Cheryl****2300 Kathryn Lane, #3718**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,325.51**\$1,325.51****Plano TX 75025**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.70** Priority creditor's name and mailing address**McKinney, Verna****1301 Wildflower Ct**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,403.25**\$2,403.25****Richardson TX 75081**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.71** Priority creditor's name and mailing address**Meshkinian, Foad****7519 Naples Ln.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,317.25**\$1,317.25****Frisco TX 75035**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.72 Priority creditor's name and mailing address**Miller, Victoria****2206 Lynnbrook Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,140.47**\$4,140.47****Garland TX 75041**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.73** Priority creditor's name and mailing address**Modawell, Tina****10211 Noel**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,499.61**\$5,499.61****Frisco TX 75035**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.74** Priority creditor's name and mailing address**Montero, Jazia****1126 Haines**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$623.50**\$623.50****Dallas TX 75208**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

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Total claim Priority amount

2.75 Priority creditor's name and mailing address**Morton, Darlene****701 Vallejo Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$102.33**\$102.33****Rockwall TX 75087**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.76** Priority creditor's name and mailing address**Moyer, Sarah****14048 Wrangler Way**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$134.75**\$134.75****Haslet TX 76052**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.77** Priority creditor's name and mailing address**Mumtaz, Shahida****14682 Overland Park Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,642.63**\$2,642.63****Frisco TX 75035**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

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Total claim Priority amount

2.78 Priority creditor's name and mailing address**Murray, Lisa****3431 Whitehall**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$14,646.30**\$12,250.00****Dallas TX 75229**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.79** Priority creditor's name and mailing address**Nava, Edilberto****613 Sunset**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,956.83**\$1,956.83****Garland TX 75040**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.80** Priority creditor's name and mailing address**Nelson, Denisen****6827 Trammel Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$241.87**\$241.87****Dallas TX 75214**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

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Total claim Priority amount

2.81 Priority creditor's name and mailing address**Neyens, Kathleen****412 Belmont Ct**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,215.62**\$3,215.62****Lewisville TX 75067**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.82** Priority creditor's name and mailing address**Odusanya, Mary****709 Green Coral Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,324.68**\$5,324.68****Little Elm TX 75068**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.83** Priority creditor's name and mailing address**Onyango, Matt****4551 N Oconnor Rd.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$654.08**\$654.08****Irving TX 75062**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.84 Priority creditor's name and mailing address**Ornelas, Daniela****Po Box 541291**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,308.80**\$2,308.80****Dallas TX 75354**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.85** Priority creditor's name and mailing address**Ory, Chrissy****7230 Wake Forrest Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$96.00**\$96.00****Dallas TX 75214**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.86** Priority creditor's name and mailing address**Patel, Meenakumari****878 Open Sky Ct.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,628.04**\$3,628.04****Allen TX 75013**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

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Total claim Priority amount

2.87 Priority creditor's name and mailing address**Pattat, Bethany****4000 Honeysuckle Ln.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,597.38**\$1,597.38****Kaufman TX 75142**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.88 Priority creditor's name and mailing address**Porter, Rachel****3009 Modella Ave**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$963.01**\$963.01****Dallas TX 75229**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

2.89 Priority creditor's name and mailing address**Price, David****6605 Cordelia Road**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$190.00**\$190.00****Rowlett TX 75089**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.90 Priority creditor's name and mailing address**Prnka, Henry****6000 Rainier Road**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,820.06**\$3,820.06****Plano TX 75023**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.91** Priority creditor's name and mailing address**Rangel, Bess****3612 Hilltop Circle**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,932.25**\$6,932.25****Rockwall TX 75087**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.92** Priority creditor's name and mailing address**Reese, Amanda****7675 Michael Rd.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$888.25**\$888.25****Sanger TX 76266**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.93 Priority creditor's name and mailing address**Reyes, Adolfo****7128 Sample Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,878.40**\$4,878.40****The Colony TX 75056**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.94** Priority creditor's name and mailing address**Reyes, Nancy****7700 Cody Ln. #1203**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,272.65**\$1,272.65****Sachse TX 75048**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.95** Priority creditor's name and mailing address**Rivera, Melissa****5316 Lindsley**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$774.45**\$774.45****Dallas TX 75223**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

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Total claim Priority amount

2.96 Priority creditor's name and mailing address**Robles, Bacilio****1114 Edwards Cr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,417.60**\$1,417.60****Dallas TX 75224**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.97** Priority creditor's name and mailing address**Rocha, Isabel****10007 Tamalpals Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,834.64**\$1,834.64****Dallas TX 75217**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.98** Priority creditor's name and mailing address**Rojas, Jose****434 Hanbee St**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,248.13**\$6,248.13****Richardson TX 75080**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.99 Priority creditor's name and mailing address**Rowton, Karrissa****7650 McCallum Blvd, #1605**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,672.00**\$1,672.00****Dallas TX 75252**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.100** Priority creditor's name and mailing address**Royce-Bemis, Rebecca****10105 Horseshoe Ln.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$497.36**\$497.36****McKinney TX 75070**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.101** Priority creditor's name and mailing address**Saucedo, Alejandrina****1819 3rd Street**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,101.36**\$1,101.36****Garland TX 75040**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.102 Priority creditor's name and mailing address**Sebastian, Ruby****2610 Chesterfield Rd**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,888.62**\$3,888.62****Garland TX 75043**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.103** Priority creditor's name and mailing address**Shelton, Ebony****701 Legacy Dr Apt 221**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,372.35**\$1,372.35****Plano TX 75023**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.104** Priority creditor's name and mailing address**Singh, Arthi****409 Oak St.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$190.00**\$190.00****McKinney TX 75069**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.105 Priority creditor's name and mailing address**Small, Janette****605 Wesway Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$7,572.70**\$7,572.70****Rockwall TX 75087**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.106** Priority creditor's name and mailing address**Smith, Kisha****3609 Copper Ridge Dr.**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,025.75**\$3,025.75****McKinney TX 75070**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.107** Priority creditor's name and mailing address**Suniga, Maylyn****4417 Ashwood**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,873.20**\$3,873.20****Mesquite TX 75150**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.108 Priority creditor's name and mailing address**Talcott, Karen****1824 Timberline Ln**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$12,897.26**\$12,250.00****Sherman TX 75092**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.109 Priority creditor's name and mailing address**Tallo, Jennifer****2531 Barret Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$15,305.39**\$12,250.00****Frisco TX 75034**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.110 Priority creditor's name and mailing address**Thomas, Thomson****706 Mt Vernon Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,422.14**\$5,422.14****Richardson TX 75081**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.111 Priority creditor's name and mailing address**Thompson, Micah****14605 Logan Springs Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,080.29**\$2,080.29****Little Elm TX 75068**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.112** Priority creditor's name and mailing address**Ude, Nneka****2257 White Rock Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,748.10**\$4,748.10****Little Elm TX 75068**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.113** Priority creditor's name and mailing address**Valdovinos, Gabriela****4242 Duck Creek Drive Apt. 103**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,493.29**\$1,493.29****Garland TX 75043**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.114 Priority creditor's name and mailing address**Vallejo, Greg****10408 Desdemona Dr**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$461.25**\$461.25****Dallas TX 75228**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.115** Priority creditor's name and mailing address**Velez, Helen****5417 Galaxie Road**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,055.37**\$5,055.37****Garland TX 75044**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.116** Priority creditor's name and mailing address**Wagner, Julius****512 Windsor Way**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$7,176.15**\$7,176.15****Rockwall TX 75087**

Basis for the claim:

Payroll and PTO

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.117 Priority creditor's name and mailing address**White, LaNita****8408 Silverado Trail**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,071.38**\$4,071.38****McKinney TX 75070**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.118 Priority creditor's name and mailing address**Wicker, Melissa****1565 Buckthorne Dr**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,688.00**\$2,688.00****Allen TX 75002**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

2.119 Priority creditor's name and mailing address**Wilbert, Sarah****6903 Genstar Lane**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$8,454.39**\$8,454.39****Dallas TX 75252**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Basis for the claim:

Payroll and PTO

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.120 Priority creditor's name and mailing address**Yanez, Dena****630 Roaming Road Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,212.76**\$1,212.76****Allen TX 75002**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.121** Priority creditor's name and mailing address**Young, Jacqueline****8625 Redondo Dr**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$493.03**\$493.03****Dallas TX 75218**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.122** Priority creditor's name and mailing address**Zarac, Maryanne****2229 Stanmore Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$142.00**\$142.00****Plano TX 75025**

Basis for the claim:

Payroll

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; float: left; margin-right: 10px;">3.1</div> <div style="clear: both;"></div> Nonpriority creditor's name and mailing address 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 	\$0.00
Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left; margin-right: 10px;">3.2</div> <div style="clear: both;"></div> Nonpriority creditor's name and mailing address <u>UNIVERSAL MEDIA GROUP</u> <u>8111 LBJ FRWY</u> <u>STE 1502</u> <u>DALLAS TX 75251</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left; margin-right: 10px;">3.3</div> <div style="clear: both;"></div> Nonpriority creditor's name and mailing address <u>5505 Holdings</u> <u>5121 Southbrook Drive</u> <u>Dallas TX 75209</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left; margin-right: 10px;">3.4</div> <div style="clear: both;"></div> Nonpriority creditor's name and mailing address <u>800RESPONSE MARKETING LLC</u> <u>PO BOX 2225</u> <u>SOUTH BURLINGTON VT 05407</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,708.77

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address ABBOTT LABORATORIES PO BOX 92679 CHICAGO IL 60675-2679 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,750.97
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address ABYRX INC 1 BRIDGE STREET SUITE 121 IRVINGTON NY 10533 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,984.81
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address ACADIAN AMBULANCE SERVICE INC PO BOX 92970 LAFAYETTE LA 70509 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,549.03
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address ACCESS EFORMS LP PO BOX 733 SULPHUR SPRINGS TX 75483 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,519.69

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address ACCLARENT INC 16888 COLLECTION CENTER DR CHICAGO IL 60693-0168 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268,691.96
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address ACCUVEIN INC DEPT CH16850 PALATINE IL 60055 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,134.96
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address ACELL PO BOX 347766 PITTSBURGH PA 15251-4766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,129.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address ACUITEC 2739 MOMENTUM PL CHICAGO IL 60689-5377 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,906.69

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address ACUMED LLC 7995 COLLECTION CENTER DRIVE CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,104.81
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address ADAM GOLDEN 7110 SAN MATEO BLVD #330 DALLAS TX 75223 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address ADDISON GROUP 7076 SOLUTIONS CENTER CHICAGO IL 60677-7000 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,022.72
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address ADORAMA INC 42 WEST 18 STREET NEW YORK NY 10011 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.80

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address ADVANCED BIONICS LLC 12740 SAN FERNANDO ROAD SYLMAR CA 91342 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address AESCULAP IMPLANT SYSTEMS INC PO BOX 536397 PITTSBURGH PA 15253-5905 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,379.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address AESCULAP INSTRUMENTS P.O. BOX 512451 PHILADELPHIA PA 19175-2451 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,748.57
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address AH ORTHO LLC 2619 N GARRETT AVE DALLAS TX 75206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,897.00

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address AIRGAS USA LLC PO BOX 676015 DALLAS TX 75267-6015 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,826.06
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address AJAT LLC 1565 N CENTRAL EXPRESSWAY SUITE 200 RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,156.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address AKORN INC LOCKBOX #3950 3950 PAYSHERE CIRCLE CHICAGO IL 60674 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,027.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address ALERE INFORMATICS INC PO BOX 845849 BOSTON TX 02284-5849 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,501.15

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address ALERE NORTH AMERICA INC PO BOX 846153 BOSTON MA 02284-6153 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,820.13
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address ALIXPARTNERS FORENSIC SERVICES LLC PO BOX 5838 CAROL STREAM IL 60197-5838 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196,868.27
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address ALL COMMERCIAL FLOORS INC 2025 MERIDIAN DRIVE ARLINGTON TX 76011 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,309.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address ALLEN MEDICAL SYSTEMS INC 100 DISCOVERY WAY ACTON MA 01720-3948 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,337.23

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address <u>ALLERGAN USA INC</u> <u>12975 COLLECTION CENTER DRIVE</u> <u>CHICAGO</u> <u>IL</u> <u>60693</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$920.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address <u>ALLIANT STAFFING</u> <u>7201 WISCONSIN AVE</u> <u>STE 705</u> <u>BETHESDA</u> <u>MD</u> <u>20814</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,208.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address <u>ALLISON WYLL MD</u> <u>5701 MEADOWHAVEN DRIVE</u> <u>PLANO</u> <u>TX</u> <u>75093</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$966.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address <u>Alpha Ortho Surgical PLLC</u> <u>3512 Elk Run</u> <u>McKinney</u> <u>TX</u> <u>75070</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address ALPHA ORTHOPEDICS PHYSICIAN GRP PA 6850 TPC DRIVE - SUITE 116 MCKINNEY TX 75070 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275,048.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address ALPHA SOURCE 6619 W CALMET ROAD MILWAUKEE WI 53223 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,422.36
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address ALPHA TEC SYSTEMS INC PO BOX 5435 VANCOUVER WA 98668 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.13
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address ALPINE MEDICAL SOLUTIONS LLC DBA ALPINE SURGICAL GROUP 4516 LOVERS LANE #331 DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,150.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address AMBU INC PO BOX 347818 PITTSBURG PA 15251-4818 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,971.81
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address AMENDIA INC 1755 WEST OAK PARKWAY MARIETTA GA 30062 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address AMERI MEDICAL MARKETING 5950 LINDENSHIRE LN STE 104 DALLAS TX 75230 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address AMERICAN ASSOCIATION OF BLOOD BANKS 8101 GLENBROOK ROAD BETHESDA MD 20814-2749 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON VA 20191 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address AMERICAN PAYROLL INSTITUTE INC AMERICAN PAYROLL ASSOCIATION 660 N MAIN AVE STE 100 SAN ANTONIO TX 78205-1217 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address AMS SALES CORPORATION AMERICAN MEDICAL SYSTEMS HOLDINGS PO BOX 7247-6586 PHILADELPHIA PA 19170-6586 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,012.44
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address AMY LICHTENWALTER IMPLICOMMUNICATIONS 4140 NORMANDY AVE DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,457.30

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address <u>Anderly, Glenna A.</u> <u>6948 Blackwood Dr</u> <u>Dallas TX 75231</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address <u>Andy R. Hollenshead</u> <u>3409 Villanova St.</u> <u>Dallas TX 75225</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address <u>ANGIO DYNAMICS</u> <u>PO BOX 1549</u> <u>ALBANY NY 12201-1549</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,149.92</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address <u>Anna Marie Andaverde</u> <u>613 Crestwood Court</u> <u>Burleson TX 76028-6393</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address ANULEX TECHNOLOGIES DEPT CH 16438 PALATINE IL 60055-6438 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,915.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address AORN ATTN:CUSTOMER SERVICE/BOOK ORDERS 2170 S. PARKER RD.,SUITE 400 DENVER CO 80231-5711 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address APOLLO ENDOSURGERY INC 32663 COLLECTION CENTER DR CHICAGO IL 60693-0326 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,976.88
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address APPLIED MEDICAL P O BOX 3511 CAROL STREAM IL 60132-3511 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,292.51

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address ARJOHUNTLEIGH INC P O BOX 644960 PITTSBURGH PA 15264-4960 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,609.59
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address ARMSTRONG MEDICAL INDUSTRIES INC 575 KNIGHTSBRIDGE PKWY POST OFFICE BOX 700 LINCOLNSHIRE IL 60069-0700 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,273.55
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address ARTHREX PO BOX 403511 ATLANTA GA 30384-3511 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,342.17
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address Ascendant Pain & Spine Institute, PLLC 12222 North Central Expressway, Suite 40 Dallas TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address AT T PO BOX 5001 CAROL STREAM IL 60197-5001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,187.64
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address ATHAS HEALTH LLC/NORTH AMERICAN SPINE 10740 N CENTRAL EXPRESSWAY #275 DALLAS TX 75231 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,833,808.14
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address Athas Investments LLC Attn: Steven Ganss 10740 N Central Expressway #275 Dallas TX 75231 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address ATMOS ENERGY PO BOX 790311 ST LOUIS MO 63179-0311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,317.28

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address ATT MOBILITY ACCT# 838641555 PO BOX 6463 CAROLSTREAM IL 60197-6463 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$3,084.75
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address ATT TELECONFERENCE SERVICES PO BOX 2840 OMAHA NE 68103-2840 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$1,401.06
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address ATT UVERSE ACCT# 128696769 PO BOX 5014 CAROL STREAM IL 60197 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$235.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address Audrey L Graham 7107 Lakewood Blvd Dallas TX 75214 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,416.33
BACTERIN INTERNATIONAL INC		<input type="checkbox"/> Contingent	
DEPT CH16872		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
PALATINE IL 60055-6872		Basis for the claim:	
		goods or services rendered	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$320,328.78
BANC OF AMERICA LEASING		<input checked="" type="checkbox"/> Contingent	
PO BOX 100918		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
ATLANTA GA 30384-0918		Basis for the claim:	
		equitment lease	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Amount is total owed under lease			

3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,381,381.36
BANK OF THE WEST		<input checked="" type="checkbox"/> Contingent	
DEPT LA 23091		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
PASADENA CA 91185-3091		Basis for the claim:	
		equipment lease	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Amount is total owed under contract			

3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90,032.18
BARKER BARIATRIC CENTER		<input type="checkbox"/> Contingent	
12222 N CENTRAL EXPWY		<input type="checkbox"/> Unliquidated	
STE 300		<input type="checkbox"/> Disputed	
DALLAS TX 75243		Basis for the claim:	
		goods or services rendered	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address BATTERIES PLUS 147 9100 N. CENTRAL EXPY SUITE 107 DALLAS TX 75231 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,041.68
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address BAUSCH LOMB SURGICAL DIVISION INC 4395 COLLECTION CENTER DR CHICAGO IL 60693-0043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$860.07
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address BAXANO SURGICAL 110 HORIZON DR STE 230 RALEIGH NC 27615 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,804.65
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address BAXTER BIOSCIENCE BAXTER HEALTHCARE CORPORATION PO BOX 730531 DALLAS TX 75373 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,831.48

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.73</div> Nonpriority creditor's name and mailing address BAXTER HEALTHCARE CORP PO BOX 730531 DALLAS TX 75373 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.84
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.74</div> Nonpriority creditor's name and mailing address BAXTER SALES COMPANY INC 114 E NIBLICK STREET LONGVIEW TX 75604 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.47
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.75</div> Nonpriority creditor's name and mailing address BAYER HEALTHCARE PO BOX 360172 PITTSBURGH PA 15251-6172 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,697.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.76</div> Nonpriority creditor's name and mailing address BAYLOR COLLEGE OF DENTISTRY P.O. BOX 660677 DALLAS TX 75266 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,050.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.77</div> Nonpriority creditor's name and mailing address BEACON MEDAES DEPT 3234 LB PO BOX 123234 DALLAS TX 75312-3234 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.14
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.78</div> Nonpriority creditor's name and mailing address BEAVER VISITEC PO BOX 842837 BOSTON MA 02284 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.01
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.79</div> Nonpriority creditor's name and mailing address BECKMAN COULTER INC DEPT CH 10164 PALATINE IL 60055-0164 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,996.55
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div> Nonpriority creditor's name and mailing address BEEKLEY CORPORATION dba BEEKLEY MEDICAL ONE PRESTIGE LANE BRISTOL CT 06010 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249.95

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.81</div> Nonpriority creditor's name and mailing address BELK REFRIGERATION 1209 NORTHWEST HWY #319 GARLAND TX 75041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,672.09
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.82</div> Nonpriority creditor's name and mailing address Benton Middleman 5211 Meaders Lane Dallas TX 75229 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.83</div> Nonpriority creditor's name and mailing address BESS RANGEL 308 FAIRLAND DR WYLIE TX 75098 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.84</div> Nonpriority creditor's name and mailing address BIO RAD CLINICAL DIAGNOSTICS GROUP PO Box 849740 LOS ANGELES CA 90084-9740 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,862.72

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.85</div> Nonpriority creditor's name and mailing address BIO TEK SERVICES INC 5310 SOUTH LABURNUM AVE RICHMOND VA 23231 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$940.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.86</div> Nonpriority creditor's name and mailing address BIOCOMPOSITES 700 MILITARY CUTOFF ROAD SUITE 320 WILMINGTON NC 28405 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$25,680.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.87</div> Nonpriority creditor's name and mailing address BIOMEDICAL ENTERPRISES INC DEPT 2297 PO BOX 122297 DALLAS TX 75312-2297 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$7,374.16
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.88</div> Nonpriority creditor's name and mailing address BIOMERIEUX INC PO BOX 500308 ST LOUIS MO 63150-0308 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$11,004.92

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.89</div>	Nonpriority creditor's name and mailing address BIOMET BIOLOGICS 75 REMITTANCE DRIVE SUITE 3283 CHICAGO IL 60675-3283 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,699.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div>	Nonpriority creditor's name and mailing address BIOMET INC 75 REMITTANCE DRIVE SUITE 3283 CHICAGO IL 60675-3283 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,351.27</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.91</div>	Nonpriority creditor's name and mailing address BIOMET MICROFIXATION 75 REMITTANCE DR SUITE 3071 CHICAGO IL 60675-3071 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,464.85</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.92</div>	Nonpriority creditor's name and mailing address BIOMET SPORTS MEDICINE 75 REMITTANCE DRIVE SUITE 3283 CHICAGO IL 60675-3283 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,273.09</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.93</div> Nonpriority creditor's name and mailing address BIOMET TRAUMA 75 REMITTANCE DRIVE SUITE 3283 CHICAGO IL 60675-3283 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.88
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.94</div> Nonpriority creditor's name and mailing address BKD LLP 14241 DALLAS PARKWAY SUITE 1100 DALLAS TX 75254-2961 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,800.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.95</div> Nonpriority creditor's name and mailing address BOSTON SCIENTIFIC PO BOX 951653 DALLAS TX 75395-1653 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,960.31
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.96</div> Nonpriority creditor's name and mailing address BRAIN LAB INC 2323 MOMENTUM PLACE CHICAGO IL 60689-5323 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,381.85

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.97</div> Nonpriority creditor's name and mailing address BRANDON MCDOWELL 10105 BRENTRIDGE CT DALLAS TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$302.12</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.98</div> Nonpriority creditor's name and mailing address BREG INC PO BOX 849991 DALLAS TX 75284 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,173.14</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.99</div> Nonpriority creditor's name and mailing address BRIAN J LORIA 3325 SHADOW RIDGE DR GRAPEVINE TX 76051 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$359.97</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.100</div> Nonpriority creditor's name and mailing address BRIDGELINE DIGITAL INC 80 BLANCHARD ROAD BURLINGTON MA 01803 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$880.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.101</div> Nonpriority creditor's name and mailing address BRYANT BURTON KUPCUNAS ARCH INC 3200 MAIN ST STE 13 DALLAS TX 75226 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.64
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.102</div> Nonpriority creditor's name and mailing address BT FOREST PARK REALTY PARTNERS LP 12222 N CENTRAL EXPRESSWAY SUITE 400 DALLAS TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,029,383.92
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103</div> Nonpriority creditor's name and mailing address BURKS MEDICAL CONSULTING LLC 2364 N HWY 287 SUITE 119 MANSFIELD TX 76063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,793.32
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.104</div> Nonpriority creditor's name and mailing address C AND K WATER SPECIALISTS LLC 1305 HIGH RIDGE RD MCKINNEY TX 75069 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,555.24

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.105</div> Nonpriority creditor's name and mailing address C R BARD INC BARD PERIPHERAL VASCULAR PO BOX 75767 CHARLOTTE NC 28275 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,587.93
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106</div> Nonpriority creditor's name and mailing address CANFIELD INC 5379 TREASURE CANYON DR HELENA MT 59602-9059 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$771.90
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.107</div> Nonpriority creditor's name and mailing address CARDINAL HEALTH MEDICAL PRODUCTS AND SERVICES PO BOX 730112 DALLAS TX 75373-0112 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.81
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108</div> Nonpriority creditor's name and mailing address CAREFUSION 25565 NETWORK PLACE CHICAGO IL 60673-1255 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,112.21

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Amount of claim

3.109 Nonpriority creditor's name and mailing address CAREFUSION 211 INC 88253 EXPEDITE WAY CHICAGO IL 60695-0001 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,740.62
3.110 Nonpriority creditor's name and mailing address CAREFUSION SOLUTIONS LLC 25082 NETWORK PLACE CHICAGO IL 60673-1250 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,201.58
3.111 Nonpriority creditor's name and mailing address CARESTREAM MEDICAL LLC DBA CARESTREAM AMERICA 774 S NORTHLAKE BLVD SUITE 1016 ALTAMONTE SPRINGS FL 32701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,635.74
3.112 Nonpriority creditor's name and mailing address CAROMED INTERNATIONAL INC 5605 SPRING COURT RALEIGH NC 27616 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$362.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.113</div> Nonpriority creditor's name and mailing address CARTER BLOODCARE P O BOX 916068 FORT WORTH TX 76191-6068 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,896.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114</div> Nonpriority creditor's name and mailing address CASLER FOLIAGE RON CASIER PO BOX 223822 DALLAS TX 75222 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.38
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115</div> Nonpriority creditor's name and mailing address CATHI EGGART 1108 WEST 3RD SPUR TX 79370 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,360.24
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.116</div> Nonpriority creditor's name and mailing address CAYENNE MEDICAL INC DEPT 2346 PO BOX 122346 DALLAS TX 75312-2346 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,721.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.117</div> Nonpriority creditor's name and mailing address CBS STATIONS GROUP OF TEXAS INC KTVT - DALLAS PO BOX 730457 DALLAS TX 75373-0457 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,042.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118</div> Nonpriority creditor's name and mailing address CENTRAL ADMIXTURE PHARMACY SVC INC PO BOX 536431 PITTSBURGH PA 15253-5906 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,366.03
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119</div> Nonpriority creditor's name and mailing address CENTRAL DALLAS SURGICAL SUPPLY LLC 102 WOODMONT BLVD STE 350 NASHVILLE TN 37205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,504.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.120</div> Nonpriority creditor's name and mailing address CHASE COURIERS INC 1002 N CENTRAL EXPWY #495 RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.26

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.121</div> Nonpriority creditor's name and mailing address <u>Chris Hovde</u> <u>2113 Posey</u> <u>Wylie</u> TX <u>75098-8402</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.122</div> Nonpriority creditor's name and mailing address <u>Chrisette Dharma</u> <u>8577 Harry Hines Blvd Suite 100</u> <u>Dallas</u> TX <u>75235</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123</div> Nonpriority creditor's name and mailing address <u>Christel Pennington, Executor</u> <u>The Estate of Steven Pennington</u> <u>2822 Forest Park Dr.</u> <u>Garland</u> TX <u>75040</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unknown Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124</div> Nonpriority creditor's name and mailing address <u>CITRIX SYSTEMS INC</u> <u>851 WEST CYPRESS ROAD</u> <u>FORT LAUDERDALE</u> FL <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$54,929.02</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.125</div> Nonpriority creditor's name and mailing address CITY OF DALLAS CITY HALL, 2D SOUTH DALLAS TX 75277 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,107.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.126</div> Nonpriority creditor's name and mailing address CITY OF LUBBOCK UTILITIES PO BOX 10541 LUBBOCK TX 79408-3541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,313.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.127</div> Nonpriority creditor's name and mailing address CKS Holdings LLC 608 Canemount Lane Coppell TX 75019 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.128</div> Nonpriority creditor's name and mailing address CLEAR CHANNEL OUTDOOR INC 3700 E RANDOL MILL ROAD ARLINGTON TX 76011 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$853.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129</div> Nonpriority creditor's name and mailing address CLEARPOINT MEDICAL INC 30 LAWRENCE PAQUETTE DRIVE CHAMPLAIN NY 12919 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$781.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130</div> Nonpriority creditor's name and mailing address CLEAVER BROOKS SALES AND SERVICE IN PO BOX 226865 DALLAS TX 75222 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$1,248.62
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131</div> Nonpriority creditor's name and mailing address CLINICAL AND LABORATORY STANDARDS INSTITUTE INC 950 WEST VALLEY RD SUITE 2500 WAYNE PA 19807-1898 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$374.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132</div> Nonpriority creditor's name and mailing address CMF MEDICON SURGICAL INC 11200 ST. JOHN'S INDUSTRIAL PKWY N STE 5 & 6 JACKSONVILLE FL 32246 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$8,291.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133</div> Nonpriority creditor's name and mailing address COCHLEAR AMERICAS PO BOX 910811 DENVER CO 80291-0811 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,715.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.134</div> Nonpriority creditor's name and mailing address COMPASS PROF HEALTH SERVICES 3102 OAK LAWN STE 215 DALLAS TX 75219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.135</div> Nonpriority creditor's name and mailing address CONFORMIS ATTN: ACCOUNTS RECEIVABLE 28 CROSBY DRIVE BEDFORD MA 01730 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,150.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.136</div> Nonpriority creditor's name and mailing address CONMED LINVATEC PO BOX 301231 DALLAS TX 75303-1231 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.29

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.137</div> Nonpriority creditor's name and mailing address CONTEMPORARY DESIGN INC PO BOX 3637 PALMER PA 18043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.138</div> Nonpriority creditor's name and mailing address CONTOURMD 8055 BOND LENEXA KS 66214 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,115.66
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.139</div> Nonpriority creditor's name and mailing address COOK MEDICAL INCORPORATED 22988 NETWORK PLACE CHICAGO IL 60673-1229 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,671.02
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.140</div> Nonpriority creditor's name and mailing address COOLSHIRT SYSTEMS LLC 170 ANDREW DRIVE STOCKBRIDGE GA 30281 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.13

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.141</div> Nonpriority creditor's name and mailing address COOPER SURGICAL INC PO BOX 712280 CINCINNATI OH 45271-2280 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,960.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.142</div> Nonpriority creditor's name and mailing address COREPOINT HEALTH LLC 3010 GAYLORD PARKWAY SUITE 320 FRISCO TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,500.75
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.143</div> Nonpriority creditor's name and mailing address CORIN USA LTD 5670 W CYPRESS STREET SUITE C TAMPA FL 33607 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,575.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.144</div> Nonpriority creditor's name and mailing address CORPORATE GREEN INC PO BOX 820725 DALLAS TX 75382 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.28

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.145</div> Nonpriority creditor's name and mailing address COVIDIEN PO BOX 120823 DALLAS TX 75312-0823 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,366.35
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.146</div> Nonpriority creditor's name and mailing address CPM MEDICAL LLC 1565 N CENTRAL EXPWY STE 200 RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157,300.90
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.147</div> Nonpriority creditor's name and mailing address CURA SURGICAL INC 2571 KANEVILLE COURT GENEVA IL 60134 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,623.41
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148</div> Nonpriority creditor's name and mailing address CYBERONICS INC DELAWARE PO BOX 301303 DALLAS TX 75303-1303 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,627.96

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149</div> Nonpriority creditor's name and mailing address D & S Carlson LLC 6729 Lakewood Blvd Dallas TX 75214 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.150</div> Nonpriority creditor's name and mailing address D MEDICAL SOLUTIONS LLC 1400 HI LINE DR #1720 DALLAS TX 75207 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$1,060.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.151</div> Nonpriority creditor's name and mailing address DALLAS ACUTE DIALYSIS SERVICES PO BOX 749959 LOS ANGELES CA 90074-9959 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$2,800.53
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.152</div> Nonpriority creditor's name and mailing address DALLAS BONE AND JOINT CLINIC ASSOC 9330 POPPY DRIVE STE 300 DALLAS TX 75218 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$4,800.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.153</div> Nonpriority creditor's name and mailing address DALLAS MEDICAL SUPPLY CORP 2552 SUMMIT AVENUE SUITE 411 PLANO TX 75074-3719 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,795.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.154</div> Nonpriority creditor's name and mailing address Dallas Otolaryngology Assoc Investment C 7777 Forest Lane ,A103 Dallas TX 75230 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.155</div> Nonpriority creditor's name and mailing address DALLASHR 4100 SPRING VALLEY RD STE 300 DALLAS TX 75244 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156</div> Nonpriority creditor's name and mailing address Daniel J Aldrich 131 Lafayette Landing Heath TX 75032 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.157</div> Nonpriority creditor's name and mailing address DANIEL J EDELMAN INC JP MORGAN CHASE NA 21992 NETWORK PLACE CHICAGO IL 60673-1219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,196.42
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158</div> Nonpriority creditor's name and mailing address Darren A Schuhmacher 6255 NORTHWOOD ROAD Dallas TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159</div> Nonpriority creditor's name and mailing address DATABANK IMX LLC 2912 MOMENTUM PLACE CHICAGO IL 60689-5329 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146,608.14
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.160</div> Nonpriority creditor's name and mailing address DATEX OHMEDA INC PO BOX 641936 PITTSBURGH PA 15264-1936 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,735.93

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161</div> Nonpriority creditor's name and mailing address <u>David Azouz</u> <u>P O Box 801209</u> <u>Dallas TX 75380</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.162</div> Nonpriority creditor's name and mailing address <u>David Genecov</u> <u>11970 N. Central Expressway</u> <u>Suite 270</u> <u>Dallas TX 75243</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class F & P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163</div> Nonpriority creditor's name and mailing address <u>DAVID GLENN GENEVOV MD</u> <u>7777 FOREST LANE</u> <u>SUITE C-717</u> <u>DALLAS TX 75230</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,225.62</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.164</div> Nonpriority creditor's name and mailing address <u>David M Godat</u> <u>P O Box 195249</u> <u>Dallas TX 75219</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.165</div> Nonpriority creditor's name and mailing address DEBORAH SMITH 1403 TIMBER RIDGE DR ALLEN TX 75002 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.166</div> Nonpriority creditor's name and mailing address DELOITTE FINANCIAL ADVISORY SERVICE PO BOX 844742 DALLAS TX 75284-4742 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,358.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.167</div> Nonpriority creditor's name and mailing address DENISON GLASS AND MIRROR INC 620 W MAIN STREET DENISON TX 75020 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,614.89
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.168</div> Nonpriority creditor's name and mailing address DEPUY SYNTHES SALES INC PO BOX 32639 PALM BEACH GARDENS FL 33420-2639 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,265.51

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.169</div> Nonpriority creditor's name and mailing address DEPUY SYNTHES SALES INC JOINT RECONSTRUCTION PO BOX 406663 ATLANTA GA 30384-6663 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,097.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.170</div> Nonpriority creditor's name and mailing address DFW SCIENTIFIC REFRIGERATION INC PO BOX 181444 ARLINGTON TX 76096 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,690.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171</div> Nonpriority creditor's name and mailing address DIMITRIY MATTHEW SCHLOSBERG WORKUMENTS LLC 10830 GUILFORD RD STE 312 ANNAPOLIS JUNCTION MD 20701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,600.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.172</div> Nonpriority creditor's name and mailing address DIVERSE SURGICAL SUPPLIES INC 7033 N FRESNO STREET STE 202 FRESNO CA 93720 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.173</div> Nonpriority creditor's name and mailing address DIVERSIFIED BIOLOGICAL LLC 3453 PELHAM RD STE 104 GREENVILLE SC 29615 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.174</div> Nonpriority creditor's name and mailing address DJO SURGICAL PO BOX 660126 DALLAS TX 75266 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,170.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.175</div> Nonpriority creditor's name and mailing address DMI TECHNOLOGIES INC 14900 GRAND RIVER RD STE 100 FORT WORTH TX 76155 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,591.76
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.176</div> Nonpriority creditor's name and mailing address DRUG CRAFTERS LP 5680 FRISCO SQUARE BLVD #1100 FRISCO TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177</div> Nonpriority creditor's name and mailing address <u>DT ORTHO LLC</u> <u>1565 N CENTRAL EXPRESSWAY SUITE 200</u> <u>RICHARDSON TX 75080</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,500.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.178</div> Nonpriority creditor's name and mailing address <u>Duane Hinshaw</u> <u>5208 Estate Lane</u> <u>Plano TX 75094</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.179</div> Nonpriority creditor's name and mailing address <u>DVO SPORTZ</u> <u>2308 BRANDYWINE</u> <u>MCKINNEY TX 75070</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$480,930.08</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.180</div> Nonpriority creditor's name and mailing address <u>DYNAMIC INFUSION THERAPY</u> <u>12700 PARK CENTRAL DRIVE</u> <u>STE 520</u> <u>DALLAS TX 75251</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,125.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.181</div> Nonpriority creditor's name and mailing address EAGLE SURGICAL PRODUCTS LLC PO BOX 340248 AUSTIN TX 78734 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.43
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.182</div> Nonpriority creditor's name and mailing address ECOLAB FOOD SAFETY SPECIALTIES 24198 NETWORK PLACE CHICAGO IL 60673-1241 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.11
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.183</div> Nonpriority creditor's name and mailing address EDWARD G DETWILER AND ASSOCIATES LT 1580 NORTH NORTHWEST HIGHWAY STE 212 PARK RIDGE IL 60068 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184</div> Nonpriority creditor's name and mailing address Eileen Mills 8917 Golden Pond Dr. Rowlett, TX 75089-86 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185</div> Nonpriority creditor's name and mailing address ELIZABETH HAGSHENO SABET 3213 79TH STREET LUBBOCK TX 79423 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.186</div> Nonpriority creditor's name and mailing address ELLIOT INVESTMENT CORPORATION PETAL AND STEMS FLORIST 13319 MONTFORT DRIVE DALLAS TX 75240 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187</div> Nonpriority creditor's name and mailing address ELLIQUENCE LLC 2455 GRAND AVENUE BALDWIN NY 11510 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,460.66
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188</div> Nonpriority creditor's name and mailing address ENCRYPTICS LLC 5566 W MAIN STREET STE 207 FRISCO TX 75033 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,286.40

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.189</div> Nonpriority creditor's name and mailing address ENDOGASTRIC SOLUTIONS INC DEPT CH 16859 PALATINE IL 60055-6859 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,751.63
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.190</div> Nonpriority creditor's name and mailing address ENTECH SALES AND SERVICES INC 3404 GARDEN BROOK DR DALLAS TX 75234-2444 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,107.93
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191</div> Nonpriority creditor's name and mailing address ENTELLUS MEDICAL INC 3600 HOLLY LANE N SUITE 40 PLYMOUTH MN 55447 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,054.02
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.192</div> Nonpriority creditor's name and mailing address ENTRY SOFTWARE CORPORATION 1673 RICHMOND STREET SUITE 667 LONDON, ON CANADA N6G 2N3 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,081.04

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.193</div> Nonpriority creditor's name and mailing address EPIMED 141 SAL LANDRIO DRIVE CROSSROADS BUSINESS PARK JOHNSTOWN NY 12095 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,005.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194</div> Nonpriority creditor's name and mailing address EQUIP 4 MED 320 REGAL ROW STE 100 DALLAS TX 75247 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,079.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.195</div> Nonpriority creditor's name and mailing address ERBE USA INCORPORATED 2225 NORTHWEST PARKWAY MARIETTA GA 30067-9317 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,317.41
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.196</div> Nonpriority creditor's name and mailing address ERIC CHERRY 18250 MARSH LN 421 DALLAS TX 75287 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.197</div> Nonpriority creditor's name and mailing address ESCREEN INC PO BOX 654094 DALLAS TX 75265-4094 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,741.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.198</div> Nonpriority creditor's name and mailing address EXACTECH PO BOX 917738 ORLANDO FL 32891-7738 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199</div> Nonpriority creditor's name and mailing address FACILITIES SURVEY INC 161 PENHURST DR PITTSBURGH PA 15235 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,732.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.200</div> Nonpriority creditor's name and mailing address Family Medicine Associates of Texas PA 4333 N Josey Land Suite #302 Carrollton TX 75010 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.201</div> Nonpriority creditor's name and mailing address FAST TRAK CONSTRUCTION HOLDINGS INC dba FAST TRAK COMMUNICATIONS INC 1150 EMPIRE CENTRAL PLACE STE 124 DALLAS TX 75247 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,117.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.202</div> Nonpriority creditor's name and mailing address FEDEX P.O.BOX 660481 _____ DALLAS TX 75266-0481 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,508.01
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.203</div> Nonpriority creditor's name and mailing address FEDEX OFFICE AND PRINT SERVICE INC PO BOX 672085 _____ DALLAS TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.204</div> Nonpriority creditor's name and mailing address FILGO OIL COMPANY P.O.BOX 565421 _____ DALLAS TX 75356-5421 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,213.70

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.205</div> Nonpriority creditor's name and mailing address FIRST DATABANK INC PO BOX 281832 ATLANTA GA 30384-1832 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,020.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206</div> Nonpriority creditor's name and mailing address FISHER HEALTHCARE PO BOX 404705 ATLANTA GA 30384-4705 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,991.41
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.207</div> Nonpriority creditor's name and mailing address FITZPATRICK HAGOOD SMITH AND UHL LLP CHATEAU PLAZA SUITE 1400 2515 MCKINNEY AVENUE DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,251.55
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.208</div> Nonpriority creditor's name and mailing address Forest Park Medical Center at Southlake 11990 N Central Expressway Dallas TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.209</div> Nonpriority creditor's name and mailing address FOREST PARK REALTY PARTNERS III LP 3030 OLIVE STREET, SUITE 220 DALLAS TX 75219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,409,431.81
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.210</div> Nonpriority creditor's name and mailing address FOREST PARK SLEEP INSTITUTE LLC DBA CIRRUS SLEEP SOLUTIONS 11970 N CENTRAL EXPWY STE 640 DALLAS TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,400.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.211</div> Nonpriority creditor's name and mailing address FORT KNOX PROTECTION INC 111 EXECUTIVE WAY SUITE 102 DE SOTO TX 75115 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,155.85
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212</div> Nonpriority creditor's name and mailing address FPSQ, LLC 16 WOODED GATE DRIVE DALLAS TX 75230 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.213</div> Nonpriority creditor's name and mailing address <u>Frank Andaverde</u> <u>613 Crestwood Court</u> <u>Burleson TX 76028-6393</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.214</div> Nonpriority creditor's name and mailing address <u>FRESENIUS KABI USA LLC</u> <u>APP PHARMACEUTICALS LLC</u> <u>25476 NETWORK PLACE</u> <u>CHICAGO IL 60673-1254</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,051.96</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215</div> Nonpriority creditor's name and mailing address <u>FUTURE HEALTH CONCEPTS INC</u> <u>1211 E 30TH STREET</u> <u>SANFORD FL 32773</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,045.72</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.216</div> Nonpriority creditor's name and mailing address <u>GE HEALTHCARE</u> <u>PO BOX 843553</u> <u>DALLAS TX 75284-3553</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$49,053.07</u>

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Amount of claim

3.217 Nonpriority creditor's name and mailing address GE HEALTHCARE FINANCIAL SERVICES PO BOX 641419 PITTSBURGH PA 15264-1419 Date or dates debt was incurred _____ Last 4 digits of account number _____ Amount is total owed under contract	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: equipment lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,369,376.00
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3.218 Nonpriority creditor's name and mailing address GEISTLICH PHARMA NORTH AMERICA INC PO BOX 8500 PAYMENT CENTER 9457 PHILADELPHIA PA 19178-9457 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,890.00
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3.219 Nonpriority creditor's name and mailing address GENESYS ORTHOPEDIC SYSTEMS INC 150 S. CAPITAL OF TEXAS SUITE 600 AUSTIN TX 78746 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.00
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3.220 Nonpriority creditor's name and mailing address GENZYME BIOSURGERY 62665 COLLECTIONS CENTER DRIVE CHICAGO IL 60693-0626 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,365.00
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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.223</div> Nonpriority creditor's name and mailing address GIVEN IMAGING INC PO BOX 932928 ATLANTA GA 31193-2928 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,486.35
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.222</div> Nonpriority creditor's name and mailing address GRACE MEDICAL INC PO BOX 34877 MEMPHIS TN 38184-0877 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,811.73
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.224</div> Nonpriority creditor's name and mailing address GRAINGER DEPT 875674335 PO BOX 419267 KANSAS CITY MO 64141-6267 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,440.43
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.224</div> Nonpriority creditor's name and mailing address GRANT THORNTON LLP 33911 TREASURY CENTER CHICAGO IL 60694-3900 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,456.29

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225</div> Nonpriority creditor's name and mailing address GREENER PASTURES LANDSCAPE INC PO BOX 540668 DALLAS TX 75354-0668 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,912.68
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.226</div> Nonpriority creditor's name and mailing address GREG SCOTT INC 7801 E CR 7900 SLATON TX 79364 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,676.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.227</div> Nonpriority creditor's name and mailing address Gregory C Moran 5502 Mercedes Avenue Dallas TX 75206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.228</div> Nonpriority creditor's name and mailing address GROUP ONE SERVICES INC 250 DECKER DRIVE IRVING TX 75062 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$973.51

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.229</div> Nonpriority creditor's name and mailing address GSK GLAXCO SMITH KLINE GLAXCOSMITHKLINE PHARMACEUTICALS PO BOX 740415 ATLANTA GA 30374-0415 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,700.89
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.230</div> Nonpriority creditor's name and mailing address GTR MEDICAL GROUP LLC 5160 VILLAGE CREEK DR STE 400 PLANO TX 75093 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,470.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.231</div> Nonpriority creditor's name and mailing address H Jay Boulas 4609 Southern Ave Dallas TX 75209 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.232</div> Nonpriority creditor's name and mailing address HALYARD HEALTH INC HALYARD SALES LLC PO BOX 732583 DALLAS TX 75373-2583 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,221.27

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.233</div> Nonpriority creditor's name and mailing address HARVEST TECHNOLOGIES CORPORATION PO BOX 845813 DALLAS TX 75284-5813 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,365.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234</div> Nonpriority creditor's name and mailing address HEAD & SPINE INSTITUTE OF TEXAS LLC PO BOX 731767 DALLAS TX 75373 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,185.44
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.235</div> Nonpriority creditor's name and mailing address HEALIX INFUSION THERAPY INC 14140 SOUTHWEST FREEWAY SUITE 400 SUGAR LAND TX 77478 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236</div> Nonpriority creditor's name and mailing address HEALTHLINE SYSTEMS INC 17085 CAMINO SAN BERNARDO SAN DIEGO CA 92127 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,461.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237</div> Nonpriority creditor's name and mailing address HEALTHSMART BENEFIT SOLUTIONS PO BOX 94807 LUBBOCK TX 79493 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$926.64
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238</div> Nonpriority creditor's name and mailing address HEALTHSTREAM INC LEARNING SERVICES PO BOX 102817 ATLANTA GA 30368-2817 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,146.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.239</div> Nonpriority creditor's name and mailing address HEART CONSULTANTS OF NORTH TEXAS 9330 POPPY DRIVE STE 405 - WEST TOWER DALLAS TX 75218 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,320.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.240</div> Nonpriority creditor's name and mailing address Heaver Family Limited Partnership 5304 Sandy Trail Court Plano TX 75023 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.241</div> Nonpriority creditor's name and mailing address HEMOSTATIX MEDICAL TECHNOLOGIES 8400 WOLF LAKE DRIVE STE. 109 BARTLETT TN 38133 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,840.37
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.242</div> Nonpriority creditor's name and mailing address HOLOGIC LP 24506 NETWORK PLACE CHICAGO IL 60673-1245 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,424.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.243</div> Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERVICES DEPT 32-2137354712 PO BOX 183175 COLUMBUS OH 43218-3175 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.26
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244</div> Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERVICES DEPT 32-205561252 PO BOX 183176 COLUMBUS OH 43218-3176 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,798.60

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.245</div> Nonpriority creditor's name and mailing address HOSPIRA WORLDWIDE INC 75 REMITTANCE DRIVE SUITE 6136 CHICAGO IL 60675-6136 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,300.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246</div> Nonpriority creditor's name and mailing address HOWARD ADVERTISING 7951 COLLIN MCKINNEY PKWY STE 4033 MCKINNEY TX 75070 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235,267.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247</div> Nonpriority creditor's name and mailing address HOWMEDICA OSTEONICS CORP CRANIOMAXILLOFACIAL DIVISION 21343 NETWORK PLACE CHICAGO IL 60673-1213 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$827.01
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.248</div> Nonpriority creditor's name and mailing address HTA - FP TOWER LLC DEPT 2177 PO BOX 11407 BIRMINGHAM AL 35246-2177 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,263,371.80

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249</div> Nonpriority creditor's name and mailing address HTA FP PAVILION LLC DEPT 14 PO BOX 674253 DALLAS TX 75267-4253 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,127,430.37
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.250</div> Nonpriority creditor's name and mailing address HTSG HOLDINGS LLC dba GAFFEY HEALTHCARE 5110 MARYLAND WAY STE 200 BRENTWOOD TN 37027 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.251</div> Nonpriority creditor's name and mailing address Hung & Lee Family Investments, LLC 3413 HAYNIE AVE DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252</div> Nonpriority creditor's name and mailing address HURON CONSULTING GROUP INC dba HURON CONSULTING SERVICES LLC 550 W VAN BUREN ST CHICAGO IL 60607 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,985.80

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.253</div> Nonpriority creditor's name and mailing address IDENTITY MEDIA SERVICES LLC 1801 ROYAL LANE SUITE 800 DALLAS TX 75229 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127,764.42
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.254</div> Nonpriority creditor's name and mailing address IMPACT OUTDOOR ADVERTISING CO. 5454 LA SIERRA DRIVE SUITE 200 DALLAS TX 75231 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.255</div> Nonpriority creditor's name and mailing address IN THE NEWS INC 8517 SUNSTATE STREET TAMPA FL 33634 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.256</div> Nonpriority creditor's name and mailing address INCISIVE SURGICAL INC 14405 21ST AVE NORTH SUITE 130 PLYMOUTH MN 55447-2000 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257</div> Nonpriority creditor's name and mailing address INDECON INC 333 MELROSE DR STE 24A RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,607.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258</div> Nonpriority creditor's name and mailing address INDEED INC 177 BROAD STREET 6TH FLOOR STAMFORD CT 06901 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259</div> Nonpriority creditor's name and mailing address INNOVATIVE MEDICAL PRODUCTS INC 87 SPRING LANE P O BOX 8028 PLAINVILLE CT 06062 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$533.06
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.260</div> Nonpriority creditor's name and mailing address INNOVATIVE SURGICAL LLC PO BOX 25232 DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,214.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.261</div> Nonpriority creditor's name and mailing address INPATIENT PHYSICIAN ASSOC PLLC 6901 SNIDER PLAZA #130 DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,286.03
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.262</div> Nonpriority creditor's name and mailing address INSIGHTRA MEDICAL 9200 IRVINE CENTER DR #200 IRVINE CA 92618 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.263</div> Nonpriority creditor's name and mailing address INSTRUMENT SPECIALISTS INC 32390 IH 10 WEST BOERNE TX 78006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.36
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.264</div> Nonpriority creditor's name and mailing address INSTRUMENTARIUM SURGICAL CORP INC 1273 ST LOUIS STREET TERREBONNE QUEBEC, J W 1K6 CANADA Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,014.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.265</div> Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES CORPORATION P O BOX 404129 ATLANTA GA 30384-4129 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,137.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.266</div> Nonpriority creditor's name and mailing address INTEGRATED MEDICAL SYSTEMS INTL INC PO BOX 2725 COLUMBUS GA 31902-2725 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,383.19
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.267</div> Nonpriority creditor's name and mailing address INTERBIT DATA INC PO BOX 705 NATICK MA 01760 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,086.70
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.268</div> Nonpriority creditor's name and mailing address INTERFACE PEOPLE LP 2274 ROCKBROOK DRIVE LEWISVILLE TX 75067 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,308.58

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.269</div> Nonpriority creditor's name and mailing address INTERSECT ENT INC 1555 ADAMS DRIVE MENLO PARK CA 94025-1439 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,987.24
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.270</div> Nonpriority creditor's name and mailing address INTUITIVE SURGICAL DEPT 33629 PO BOX 39000 SAN FRANCISCO CA 94139 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202,594.51
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.271</div> Nonpriority creditor's name and mailing address IRIS K FORREST 13236 BLOSSOMHEATH DALLAS TX 75240 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.272</div> Nonpriority creditor's name and mailing address IRON MOUNTAIN PO BOX 915026 DALLAS TX 75391-5026 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,503.86

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.273</div> Nonpriority creditor's name and mailing address ISOKINETICS INC PO BOX 21 DE QUEEN AR 71832 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.274</div> Nonpriority creditor's name and mailing address J & B DEVICE AND EQUIPMENT LLC 4519 PINE LANDING DR MISSOURI CITY TX 77459 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275</div> Nonpriority creditor's name and mailing address J AND J HEALTH CARE SYSTEMS INC 5972 COLLECTIONS CENTER DR. CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,926.39
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276</div> Nonpriority creditor's name and mailing address JACKSON LEWIS P C 1133 WESTCHESTER AVENUE STE S125 WEST HARRISON NY 10604 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,998.08

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277</div> Nonpriority creditor's name and mailing address JACKSON WALKER LLP ATTN: DICK LAUDER 901 MAIN ST STE 6000 DALLAS TX 75202 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147,962.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.278</div> Nonpriority creditor's name and mailing address JACS Investments, LP 3534 Caruth Boulevard _____ Dallas TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class F Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.279</div> Nonpriority creditor's name and mailing address JAMES M BOLD BODY WORKS UNLIMITED 12160 COIT ROAD _____ DALLAS TX 75251 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280</div> Nonpriority creditor's name and mailing address James McChristian 3156 Spyglass Dr. _____ Grand Prairie TX 75052 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.281</div> Nonpriority creditor's name and mailing address <u>James McChristian</u> <u>as a Representative of the</u> <u>Estate of Tojna McChristian</u> <u>3156 Spyglass Dr.</u> <u>Grand Prairie TX 75052</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.282</div> Nonpriority creditor's name and mailing address <u>James McChristian</u> <u>as a next friend of</u> <u>Kerel McChristian</u> <u>3156 Spyglass Dr.</u> <u>Grand Prairie TX 75052</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283</div> Nonpriority creditor's name and mailing address <u>James McChristian</u> <u>as a next friend of</u> <u>Deante McChristian</u> <u>3156 Spyglass Dr.</u> <u>Grand Prairie TX 75052</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.284</div> Nonpriority creditor's name and mailing address <u>James McChristian</u> <u>as a next friend of</u> <u>Jasmine McChristian</u> <u>3156 Spyglass Dr.</u> <u>Grand Prairie TX 75052</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285</div> Nonpriority creditor's name and mailing address <u>James McChristian</u> <u>as a next friend of</u> <u>Roseine McChristian</u> <u>3156 Spyglass Dr.</u> <u>Grand Prairie TX 75052</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.286</div> Nonpriority creditor's name and mailing address <u>JASON C BURGESS</u> <u>508 LIPIZZAN LANE</u> _____ <u>CELINA TX 75009</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$102.67</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.287</div> Nonpriority creditor's name and mailing address <u>JEFE PLOVER INTEREST LLP</u> <u>16 WOODED GATE DRIVE</u> _____ <u>DALLAS TX 75220</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$101,030.66</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.288</div> Nonpriority creditor's name and mailing address <u>Jefe Plover Interests, Ltd.</u> <u>3509 Euclid Ave</u> _____ <u>Dallas TX 75205</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class F Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289</div> Nonpriority creditor's name and mailing address <u>Jeff Hischke</u> <u>5760 Beacon Hill Drive</u> <u>Frisco TX 75034</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.290</div> Nonpriority creditor's name and mailing address <u>Jeffrey G Stewart</u> <u>3030 McKinney Ave #2206</u> <u>Dallas TX 75204</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.291</div> Nonpriority creditor's name and mailing address <u>JENNIFER TALLO</u> <u>2531 BARRET DR</u> <u>FRISCO TX 75034</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$120.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.292</div> Nonpriority creditor's name and mailing address <u>JF FILTRATION INC</u> <u>JOE W FLY COMPANY</u> <u>PO BOX 560666</u> <u>DALLAS TX 75356-0666</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$758.52</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293</div> Nonpriority creditor's name and mailing address <u>Joey L. Hamilton</u> <u>4333 N Josey Lane Suite 302</u> <u>Carrollton TX 75010</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.294</div> Nonpriority creditor's name and mailing address <u>John M. Peterson</u> <u>745 West Talon Dr.</u> <u>Frisco TX 75033</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unknown Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.295</div> Nonpriority creditor's name and mailing address <u>John Thomas</u> <u>1201 Pecan Hollow Trail</u> <u>McKinney TX 75070</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.296</div> Nonpriority creditor's name and mailing address <u>John Thomas</u> <u>1201 Pecan Hollow Trail</u> <u>McKinney TX 75070</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.297</div> Nonpriority creditor's name and mailing address JOHNSON AND JOHNSON HEALTHCARE ETHICON ENDO 5972 COLLECTIONS CENTER DR CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,261.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.298</div> Nonpriority creditor's name and mailing address JOHNSON AND JOHNSON HEALTHCARE DEPUY MITEK 5972 COLLECTIONS CENTER DR CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,802.30
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.299</div> Nonpriority creditor's name and mailing address JOINT RESTORATION FOUNDATION PO BOX 843549 KANSAS CITY MO 64184-3549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,010.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.300</div> Nonpriority creditor's name and mailing address JOSEPH ROBERT WYATT 7817 STANFORD AVE DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,225.62

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.301</div> Nonpriority creditor's name and mailing address Joseph Tejan 1517 Wyndmere Drive DeSoto TX 75115 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.302</div> Nonpriority creditor's name and mailing address JUNIPER ADVISORY LLC 191 NORTH WACKER DRIVE STE 900 CHICAGO IL 60606 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$114,836.32
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.303</div> Nonpriority creditor's name and mailing address K2 MEDICAL 751 MILLER DRIVE SE SUITE F1 LEESBURG VA 20175 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$24,026.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.304</div> Nonpriority creditor's name and mailing address KAPLAN & MOON PLLC F/B/O SURGICAL SOLUTIONS LLC 3102 MAPLE AVE STE 200 DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$111,121.85

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.305</div> Nonpriority creditor's name and mailing address KAPLAN AND MOON PLLC fbo SURGICAL SOLUTIONS LLC 3102 MAPLE AVENUE STE 200 DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306</div> Nonpriority creditor's name and mailing address KARL STORZ ENDOSCOPY AMERICA INC FILE NO 53514 _____ LOS ANGELES CA 90074-3514 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,296.93
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307</div> Nonpriority creditor's name and mailing address KARLEE SMITH LIMITED 14902 PRESTON RD #173 DALLAS TX 75254 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,204.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308</div> Nonpriority creditor's name and mailing address KASHMIR KAUR 10017 FAIRWAY VISTA DRIVE _____ ROWLETT TX 75089 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.24

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.309</div> Nonpriority creditor's name and mailing address KaT, LLC 2821 East President George Bush Hwy Ste RICHARDSON TX 75082 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.310</div> Nonpriority creditor's name and mailing address KCI USA PO BOX 301557 DALLAS TX 75303-1557 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$6,925.19
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.311</div> Nonpriority creditor's name and mailing address Kelly Sisters Properties, LP 2200 Victory Ave #1504 Dallas TX 75219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.312</div> Nonpriority creditor's name and mailing address KEY SCIENTIFIC PRODUCTS INC 1113 E REYNOLDS STAMFORD TX 79553 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$780.71

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.313</div> Nonpriority creditor's name and mailing address KEY SURGICAL INC 8101 WALLACE RD EDEN PRAIRIE MN 55344 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.99
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.314</div> Nonpriority creditor's name and mailing address KING AND SPALDING LLP PO BOX 116133 ATLANTA GA 30368-6133 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279,166.88
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.315</div> Nonpriority creditor's name and mailing address KLS MARTIN LP PO BOX 204322 DALLAS TX 75320-4322 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,883.74
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.316</div> Nonpriority creditor's name and mailing address KNJ GRAPHX 2201 LONG PRAIRIE ROAD SUITE 107 / 163 FLOWER MOUND TX 75022 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,440.66

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317</div> Nonpriority creditor's name and mailing address KOLBERG OCULAR SUPPLIES INC 120 HELEN WAY ESCONDIDO CA 92025 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,330.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.318</div> Nonpriority creditor's name and mailing address KONICA MINOLTA MEDICAL IMAGING USA DEPARTMENT 2272 PO BOX 122272 DALLAS TX 75312-2272 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,197.48
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.319</div> Nonpriority creditor's name and mailing address KRATOS PUBLIC SAFETY AND SECURITY SOLUTIONS INC PO BOX 713374 CINCINNATI OH 45271-3374 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.58
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.320</div> Nonpriority creditor's name and mailing address KURZ GROUP INC 8333 DOUGLAS AVENUE SUITE 1370, LB 21 DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,906.80

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.321</div> Nonpriority creditor's name and mailing address KVS HOSPITAL SUPPLIERS LLC PO BOX 612151 DALLAS TX 75261-2151 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,661,381.22
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.322</div> Nonpriority creditor's name and mailing address LAB SAFETY CORPORATION DBA VALITEQ PO BOX 245 1725 INDUSTRIAL AVENUE CUMBERLAND WI 54829 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,184.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.323</div> Nonpriority creditor's name and mailing address LABORATORY CORP OF AMERICA HOLDING P O BOX 12140 BURLINGTON NC 27216-2140 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,445.48
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.324</div> Nonpriority creditor's name and mailing address LABSCO SUPPLY COMPANY INC PO BOX 670269 DALLAS TX 75267-0269 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,754.80

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.325</div> Nonpriority creditor's name and mailing address LANDAUER INC PO BOX 809051 CHICAGO IL 60680-9051 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,501.12
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.326</div> Nonpriority creditor's name and mailing address LANX INC 75 REMITTANCE DRIVE DEPT 6931 CHICAGO IL 60675-6931 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,240.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.327</div> Nonpriority creditor's name and mailing address LASE R VENTURES INC 125 SMOKEHILL LANE WOODSTOCK GA 30188 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,804.94
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328</div> Nonpriority creditor's name and mailing address LASSITER MEDICAL SYSTEMS INC 404 PALLADIAN BLVD SOUTHLAKE TX 76092 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$802.34

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.329</div> Nonpriority creditor's name and mailing address LAW OFFICES OF KENNETH K STEPHENS 4315 WEST LOVERS LANE DALLAS TX 75209 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330</div> Nonpriority creditor's name and mailing address LDR SPINE USA INC PO BOX 671716 DALLAS TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,772.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.331</div> Nonpriority creditor's name and mailing address LESINEE MITCHEL 3213-79TH STREET LUBBOCK TX 79423 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.332</div> Nonpriority creditor's name and mailing address LEVEL 3 COMMUNICATIONS LLC PO BOX 910182 DENVER CO 80291-0182 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,039.34

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.333</div> Nonpriority creditor's name and mailing address LEXI COMP INC CHICAGO LOCKBOX 62456 62456 COLLECTIONS CENTER DRIVE CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,573.89
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334</div> Nonpriority creditor's name and mailing address LEXION MEDICAL LLC 545 ATUATER CIRCLE SAINT PAUL MN 55103 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.335</div> Nonpriority creditor's name and mailing address LIFE INSTRUMENT CORPORATION 91 FRENCH AVENUE BRAINTREE MA 02184 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,711.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336</div> Nonpriority creditor's name and mailing address LIFECCELL CORPORATION PO BOX 301582 DALLAS TX 75303-1582 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,715.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.337</div> Nonpriority creditor's name and mailing address LIFENET HEALTH BIO-IMPLANTS DIVISION 1864 Concert Dr VIRGINIA BEACH VA 23453 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,788.74
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.338</div> Nonpriority creditor's name and mailing address LIGHTHOUSE SERVICES INC 1125 BLYTH COURT BLUE BELL PA 19422 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,580.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.339</div> Nonpriority creditor's name and mailing address LINKEDIN CORPORATION 62228 COLLECTIONS CENTER DR CHICAGO IL 60693-0622 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,377.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.340</div> Nonpriority creditor's name and mailing address LISA LASER USA ALLMED SYSTEMS INC 9232 KLEMETSON DR PLEASANTON CA 94588 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,547.70

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.341</div> Nonpriority creditor's name and mailing address LOGOSTUFF INC 20011 CHERRY OAKS LANE HUMBLE TX 77346 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.49
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.342</div> Nonpriority creditor's name and mailing address LUIS F SANCHEZ 4800 STEINER RANCH BLVD APT #11-104 AUSTIN TX 78732 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.343</div> Nonpriority creditor's name and mailing address LUMENIS INC 2033 GATEWAY PLACE SUITE 200 SAN JOSE CA 95110 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,855.76
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.344</div> Nonpriority creditor's name and mailing address LUMITEX MEDICAL DEVICES PO BOX 74853 CLEVELAND OH 44190-4853 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.85

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.345</div> Nonpriority creditor's name and mailing address MABELLE AVIATION PO BOX 2802 MIDLAND TX 79702 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,802.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.346</div> Nonpriority creditor's name and mailing address Maddyro Partners, LTD c/o Lee Financial Corp. 12222 Merit Drive, Suite 1500 Dallas TX 75002 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.347</div> Nonpriority creditor's name and mailing address MAGNUM HEALTHCARE CONSULTING INC DBA MONITORING CONCEPTS 8409 PICKWICK LANE #175 DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.348</div> Nonpriority creditor's name and mailing address MAINE STANDARDS CO LLC 221 US ROUTE 1 CUMBERLAND FORESIDE ME 04110 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,035.40

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.349</div> Nonpriority creditor's name and mailing address MAKO SURGICAL CORP PO BOX 935086 ATLANTA GA 31193-5086 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$109.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.350</div> Nonpriority creditor's name and mailing address MAMBA CONSULTING LLC 1565 N CENTRAL EXPWY #200 RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$23,200.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351</div> Nonpriority creditor's name and mailing address MARK C FERRIS MD WHITE ROCK PULMONARY ASSOCIATES PA 9330 POPPY DRIVE #407 DALLAS TX 75218 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$15,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.352</div> Nonpriority creditor's name and mailing address MARKET LAB INC 3027 MOMENTUM PLACE CHICAGO IL 60689-5330 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$829.13

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Amount of claim

3.353 Nonpriority creditor's name and mailing address**Marshal Mills****8917 Golden Pond Dr.****Rowlett, TX 75089-86**

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Lawsuit

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown**3.354** Nonpriority creditor's name and mailing address**Maryann Prewitt****4611 Travis Street 1405B****Dallas TX 75205**

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Class P Member

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00**3.355** Nonpriority creditor's name and mailing address**MAST BIOSURGERY INC****6749 TOP GUN STREET****SAN DIEGO CA 92121**

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

goods or services rendered

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,151.21**3.356** Nonpriority creditor's name and mailing address**MATHESON TRI GAS INC****DEPT 3028****PO BOX 123028****DALLAS TX 75312**

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

goods or services rendered

Is the claim subject to offset?

- ☒ No
☐ Yes

\$16,344.81

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357</div> Nonpriority creditor's name and mailing address MCG HEALTH LLC PO BOX 742350 ATLANTA GA 30374-2350 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,366.53
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358</div> Nonpriority creditor's name and mailing address MCKESSON TECHNOLOGIES INC MCKESSON PO BOX 98347 CHICAGO IL 60693-8347 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,067.02
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.359</div> Nonpriority creditor's name and mailing address MED EL MEDICAL ELECTRONICS MED EL CORPORATION 2511 OLD CORNWALLIS RD SUITE 100 DURHAM NC 27713 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360</div> Nonpriority creditor's name and mailing address MED FUSION LLC PO BOX 222137 DALLAS TX 75222-2137 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$410.00

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Amount of claim

3.361 Nonpriority creditor's name and mailing address MED ONE EQUIPMENT SERVICES 10712 SOUTH 1300 EAST SANDY UT 84094 Date or dates debt was incurred _____ Last 4 digits of account number _____ total is amount owed under contract _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: equipment lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$833,480.98
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3.362 Nonpriority creditor's name and mailing address MEDARTIS INC 224 VALLEY CREEK BLVD STE 100 EXTON PA 19341 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$611.00
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3.363 Nonpriority creditor's name and mailing address MEDASSETS BANK OF AMERICA LOCKBOX SVCS LOCKBOX #742081 6000 FELDWOOD ROAD COLLEGE PARK GA 30349 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315,195.15
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3.364 Nonpriority creditor's name and mailing address MEDCOMPLIANCE SERVICES INC JESSY HUEBNER,CHFP 7916 LINKS WAY PORT SAINT LUCIE FL 34986 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.365</div> Nonpriority creditor's name and mailing address MEDI KID CO PO BOX 5398 HEMET CA 92544 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.64
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366</div> Nonpriority creditor's name and mailing address MEDICAL DEVICE RESOURCE CORPORATION 5981 GRAHAM COURT LIVERMORE CA 94550-9710 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367</div> Nonpriority creditor's name and mailing address MEDICAL INFORMATION TECHNOLOGY INC PO BOX 74569 CHICAGO IL 60696 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,533.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.368</div> Nonpriority creditor's name and mailing address MEDICAL MANAGEMENT SOLUTIONS LLC PO BOX 25232 DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,287.95

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369</div> Nonpriority creditor's name and mailing address MEDICAL OPTICS INC 10320 W MCNAB RD TAMARAC FL 33321 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,689.90
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.370</div> Nonpriority creditor's name and mailing address MEDISOURCE PARTNERS LLC 1505 FEDERAL STREET SUITE 300 DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,970.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.371</div> Nonpriority creditor's name and mailing address MEDIVATORS INC NW 9841 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,525.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372</div> Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC ATTN LOCKBOX 382075 500 ROSS STREET ROOM 154-0460 PITTSBURGH PA 15262-0001 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186,740.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373</div> Nonpriority creditor's name and mailing address MEDNET SYSTEMS INC 2505 N. BELTLINE RD. SUNNYVALE TX 75182 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,850.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.374</div> Nonpriority creditor's name and mailing address MEDOVATIONS INC BIN 303 MILWAUKEE WI 53288 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,189.17
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.375</div> Nonpriority creditor's name and mailing address MEDSERVICE REPAIR INC 1234 ALLANSON RD MUNDELEIN IL 60060 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,108.32
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.376</div> Nonpriority creditor's name and mailing address MEDUSA GROUP LLC DOMINION PLAZA 17304 PRESTON ROAD SUITE 800 DALLAS TX 75252 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142,826.29

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.377</div> Nonpriority creditor's name and mailing address MEDVANTAGE 230 W. PASSAIC STREET MAYWOOD NJ 07607 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,328.27
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.378</div> Nonpriority creditor's name and mailing address MEGADYNE MEDICAL PRODUCTS INC PO BOX 1332 SANDY UT 84091 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.01
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.379</div> Nonpriority creditor's name and mailing address MENTOR WORLDWIDE LLC 15600 COLLECTIONS CENTER DRIVE CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,454.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.380</div> Nonpriority creditor's name and mailing address MERCER US INC PO BOX 13793 NEWARK NJ 07188-0793 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124,004.68

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.381</div> Nonpriority creditor's name and mailing address MERIT MEDICAL SYSTEMS INC PO BOX 951129 SOUTH JORDAN UT 84095 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,144.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.382</div> Nonpriority creditor's name and mailing address MERRILL COMMUNICATIONS LLC CM-9638 ST PAUL MN 55170-9638 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,308.85
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383</div> Nonpriority creditor's name and mailing address MERRITT INTERPRETING SERVICES 3626 N. HALL ST. SUITE 504 DALLAS TX 75219 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,597.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.384</div> Nonpriority creditor's name and mailing address MERZ AESTHETICS INC DEPT 912073 DENVER CO 80291-2073 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385</div> Nonpriority creditor's name and mailing address METROPOLITAN ANESTHESIA CONSULTANTS PO BOX 650823 DEPT 41197 DALLAS TX 75265 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.386</div> Nonpriority creditor's name and mailing address Michael Tran 9 Medical Parkway Plaza 4 Suite 201 Dallas TX 75234 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.387</div> Nonpriority creditor's name and mailing address MICHAEL YEE 10732 ROSE CREEK CT DALLAS TX 75238 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.69
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388</div> Nonpriority creditor's name and mailing address MICROAIRE SURGICAL INSTRUMENTS LOCKBOX 96565 CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$637.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.389</div> Nonpriority creditor's name and mailing address MICROLINE SURGICAL INC 50 DUNHAM ROAD STE 1500 BEVERLY MA 01915 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$6,372.99
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390</div> Nonpriority creditor's name and mailing address MICROSOFT LICENSING GP C/O BANK OF AMERICA ATTN: LOCKBOX 842467 1950 N STEMMONS FRWY STE 5010 DALLAS TX 75207 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$75,995.97
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391</div> Nonpriority creditor's name and mailing address MIDLAND CENTRAL APPRAISAL DISTRIC 4631 ANDREWS HWY PO BOX 908002 MIDLAND TX 79708-0002 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$745.57
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.392</div> Nonpriority creditor's name and mailing address MIDWEST EAR FOUNDATION 10550 MONTGOMERY RD SUITE 21 CINCINNATI OH 45242 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$2,616.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.393</div> Nonpriority creditor's name and mailing address MIGALI INDUSTRIES INC 516 LANDSDOWNE AVE CAMDEN NJ 08104 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.394</div> Nonpriority creditor's name and mailing address MILLIPORE CORPORATION 25760 NETWORK PLACE CHICAGO IL 60673 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,516.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.395</div> Nonpriority creditor's name and mailing address MIZUHO OSI DEPT CH 16977 PALATINE IL 60055-6977 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,919.93
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396</div> Nonpriority creditor's name and mailing address MOBILE DIAGNOSTIC SYSTEMS INC PO BOX 972288 DALLAS TX 75397-2288 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397</div> Nonpriority creditor's name and mailing address MOBILE SURGICAL TECHNOLOGIES 17817 DAVENPORT SUITE 315 DALLAS TX 75252-5871 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,382.83</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.398</div> Nonpriority creditor's name and mailing address MODERN BIOMEDICAL SERVICES INC MODERN BIOMEDICAL IMAGING INC PO BOX 676165 DALLAS TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$203,824.31</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.399</div> Nonpriority creditor's name and mailing address MOORE DISPOSAL INC 1720 REGAL ROW #126 DALLAS TX 75235 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,924.98</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.400</div> Nonpriority creditor's name and mailing address MOREDIRECT INC PO BOX 536464 PITTSBURGH PA 15253-5906 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$71,235.25</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.401</div> Nonpriority creditor's name and mailing address MORGAN TRADING CO INC 4516 CHALK HILLS CT BENBROOK TX 76126-5293 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,141.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.402</div> Nonpriority creditor's name and mailing address MRO CORPORATION PO BOX 61507 KING OF PRUSSIA PA 19406 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,238.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.403</div> Nonpriority creditor's name and mailing address MSM PRODUCTS LLC 1074 MCKINNEY LANE DAYTON OH 45458 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,874.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.404</div> Nonpriority creditor's name and mailing address MUSCULOSKELETAL TRANSPLANT FOUNDATION PO BOX 415911 BOSTON MA 02241 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,817.09

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.405</div> Nonpriority creditor's name and mailing address MUSTANG LIGHTING INC 3520 W MILLER ROAD SUITE 130 GARLAND TX 75041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,649.47
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.406</div> Nonpriority creditor's name and mailing address N6RM LLC 6130 WEST PARKER RD PLANO TX 75093 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,345.75
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.407</div> Nonpriority creditor's name and mailing address Nancy Peterson 745 West Talon Dr. Frisco TX 75033 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Unknown Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.408</div> Nonpriority creditor's name and mailing address NAVEX GLOBAL INC PO BOX 60941 CHARLOTTE NC 28260-0941 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,930.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.409</div> Nonpriority creditor's name and mailing address NAVIN HAFFTY AND ASSOCIATES LLC 1900 WEST PARK DR STE 180 WESTBOROUGH MA 01581 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,293.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.410</div> Nonpriority creditor's name and mailing address NDI INTERNATIONAL HEADQUARTERS 103 RANDALL DRIVE WATERLOO ONTARIO, CA ADA, N2V 1C5 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,675.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411</div> Nonpriority creditor's name and mailing address NEAL RICHARDS GROUP LLC 3030 OLIVE STREET SUITE 220 DALLAS TX 75219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,267.29
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.412</div> Nonpriority creditor's name and mailing address NETAGE SOLUTIONS INC 400 TALCOTT AVENUE 3RD FLOOR WATERTOWN MA 02472 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,427.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.413</div> Nonpriority creditor's name and mailing address <u>NFS/FMTC IRA FBO John M Thomas Jr</u> <u>Attn Belinda Anconi- Milkie Ferguson</u> <u>8750 N Central Expressway, Suite 1700</u> <u>Dallas TX 75231</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.414</div> Nonpriority creditor's name and mailing address <u>Nicholas E Lux</u> <u>7337 Fieldgate Drive</u> <u>Dallas TX 75230</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415</div> Nonpriority creditor's name and mailing address <u>NICK NICHOLSON</u> <u>5425 W SPRING CREEK PKWY</u> <u>STE 140</u> <u>PLANO TX 75024</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$1,550.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.416</div> Nonpriority creditor's name and mailing address <u>NOHEMI MUNOZ</u> <u>9638 BRIERWOOD LANE</u> <u>DALLAS TX 75217</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$257.97

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Amount of claim

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.417</div> Nonpriority creditor's name and mailing address NORTH CENTRAL ANESTHESIA 5001 SPRING VALLEY ROAD SUITE # 400 DALLAS TX 75244 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.418</div> Nonpriority creditor's name and mailing address NORTH DALLAS OTOLARYNGOLOGY DR ALLISON N WYLL 11970 N CENTRAL EXPRESSWAY STE 400 DALLAS TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$966.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.419</div> Nonpriority creditor's name and mailing address NUANCE COMMUNICATIONS INC PO BOX 2561 CAROL STREAM IL 60132-2561 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,466.75
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.420</div> Nonpriority creditor's name and mailing address NURSE STAFFING DALLAS PO BOX 4729 WINTER PARK FL 32793-4729 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,298.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.421</div> Nonpriority creditor's name and mailing address NUTTER GROUP LLC C/O GEORGE VINCENT 255 E FIFTH STREET STE 1900 CINCINNATI OH 25202-4700 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,521.17
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.422</div> Nonpriority creditor's name and mailing address OCEAN FRESH LAUNDRIES INC 6805 WILD RIDGE COURT _____ PLANO TX 75024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,239.63
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.423</div> Nonpriority creditor's name and mailing address OCULO PLASTIK INC 200 SAUVE MONTREAL QUEBEC CANADA, H L1Y9 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.424</div> Nonpriority creditor's name and mailing address OLYMPUS AMERICA INC DEPT 0600 PO BOX 120600 _____ DALLAS TX 75312-0600 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,468.67

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.425</div> Nonpriority creditor's name and mailing address OMNI ACQUISITION INC 5000 PLAZA ON THE LAKE SUITE 305 AUSTIN TX 78746 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,852.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.426</div> Nonpriority creditor's name and mailing address ON TIME COURIER INC 1700 PACIFIC AVENUE SUITE 1040 DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.20
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.427</div> Nonpriority creditor's name and mailing address ONCORE TECHNOLOGY LLC 2613 SKYWAY DRIVE GRAND PRAIRIE TX 75052 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,224.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.428</div> Nonpriority creditor's name and mailing address ORASURE TECHNOLOGIES INC PO BOX 67000 DETROIT MI 48267-2697 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,738.88

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.429</div> Nonpriority creditor's name and mailing address ORTHO RIGHT LLC 1565 N CENTRAL EXPRESSWAY SUITE 200 RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,331.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.430</div> Nonpriority creditor's name and mailing address ORTHOFIX SPINAL IMPLANTS PO BOX 842452 DALLAS TX 75284-2452 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$36,924.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.431</div> Nonpriority creditor's name and mailing address ORTHOHELIX SURGICAL DESIGN INC ATTN A/R 75 REMITTANCE DR. STE 6688 CHICAGO IL 60675-6688 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,706.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.432</div> Nonpriority creditor's name and mailing address ORTHOLOGIX LLC 2409 WILD CHERRY WAY DALLAS TX 75206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$64,500.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.433</div> Nonpriority creditor's name and mailing address ORTHOSCAN INC 8212 E EVANS ROAD SCOTTSDALE AZ 85260 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$701.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.434</div> Nonpriority creditor's name and mailing address OSIRIS THERAPEUTICS INC 7015 ALBERT EINSTEIN DRIVE COLUMBIA MD 21046 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153,700.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.435</div> Nonpriority creditor's name and mailing address OSTEOMED LP 2241 COLLECTION CENTER DRIVE CHICAGO IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,817.73
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.436</div> Nonpriority creditor's name and mailing address OTIS ELEVATOR COMPANY PO BOX 730400 DALLAS TX 75373-0400 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,881.46

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.437</div> Nonpriority creditor's name and mailing address OWEN SCIENTIFIC INC 23230 SANDSAGE LANE KATY TX 77494 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.438</div> Nonpriority creditor's name and mailing address OWENS AND MINOR PO BOX 841420 DALLAS TX 75284-1420 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,651.12
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.439</div> Nonpriority creditor's name and mailing address PARADIGM SPINE LLC 505 PARK AVE 14 FLOOR NEW YORK NY 10022 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,950.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.440</div> Nonpriority creditor's name and mailing address PARAGON PRINTING INC 2021 PARAGON DRIVE ERIE PA 16510 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,098.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.441</div> Nonpriority creditor's name and mailing address PARK CITIES NEWS CORP OF TEXAS 4136 GREENBRIER DALLAS TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,275.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.442</div> Nonpriority creditor's name and mailing address PARK PLACE INTERNATIONAL INC PO BOX 71-5391 COLUMBUS OH 43271-5391 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,991.27
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.443</div> Nonpriority creditor's name and mailing address PASSPORT HEALTH COMMUNICATIONS INC PO BOX 886133 LOS ANGELES CA 90088-6133 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,781.39
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.444</div> Nonpriority creditor's name and mailing address PATHOLOGISTS BIO MEDICAL LABS LLP 3600 GASTON #261 DALLAS TX 75246 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.445</div> Nonpriority creditor's name and mailing address PATTERSON MEDICAL DBA SAMMONS PRESTON PO BOX 93040 CHICAGO IL 60673-3040 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,237.96
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.446</div> Nonpriority creditor's name and mailing address Paul S Worrell 7030 Stone Meadow Drive Dallas TX 75230 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.447</div> Nonpriority creditor's name and mailing address PECO ENTERPRISES INC DBA MEDICOS 1910 SILVER STREET GARLAND TX 75042 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.448</div> Nonpriority creditor's name and mailing address PHILIPS ELECTRONICS N AMERICA CORP dba INVIVO 3000 MINUTEMAN ROAD ATTN: TAX DEPT ANDOVER MA 01810 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,339.06

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.449</div> Nonpriority creditor's name and mailing address PHILIPS MEDICAL SYSTEMS NA PO BOX 100355 ATLANTA GA 30384-0355 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,568.31
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.450</div> Nonpriority creditor's name and mailing address PILCHERS COURTYARD LP 7001 PRESTON ROAD STE 200 LB 18 DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,482.16
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.451</div> Nonpriority creditor's name and mailing address PINNACLE SPINE GROUP LLC 1601 ELM STREET STE 1930 DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,455.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.452</div> Nonpriority creditor's name and mailing address PIPETTE CALIBRATION SERVICE 34583 HEADWATER CT MURRIETA CA 92563 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.453</div> Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC PO BOX 371887 PITTSBURGH PA 15250-7887 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,313.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.454</div> Nonpriority creditor's name and mailing address PMT CORPORATION PO BOX 610 CHANHASSEN MN 55317 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,799.20
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.455</div> Nonpriority creditor's name and mailing address POLSINELLI PC 900 W 48TH PLACE STE 900 KANSAS CITY MO 64112 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,547.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.456</div> Nonpriority creditor's name and mailing address POSITIVE PROMOTIONS INC 15 GILPIN AVENUE HAUPPAUGE NY 11788-8821 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.75

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.457</div> Nonpriority creditor's name and mailing address PRECISION LANDSCAPE MANAGMENT 2222 VALWOOD PKWY DALLAS TX 75234 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,073.78
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.458</div> Nonpriority creditor's name and mailing address PRECISION MARKETING LLC 16135 PRESTON RD STE 300 DALLAS TX 75248 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$895.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.459</div> Nonpriority creditor's name and mailing address PRECISION SURGICAL LLC 2551 FARRINGTON STREET DALLAS TX 75207 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.46
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.460</div> Nonpriority creditor's name and mailing address PRECYSE SOLUTIONS LLC DEPT #1736 P O BOX 11407 BIRMINGHAM AL 35246-1736 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,419.20

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.461</div> Nonpriority creditor's name and mailing address PREFERRED MEDICAL CLAIM SOLUTIONS 9060 EAST VIA LINDA SUITE 250 SCOTTSDALE AZ 85258 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.462</div> Nonpriority creditor's name and mailing address PRESCIENT MEDICAL LLC 5521 GREENVILLE AVE STE 104-457 DALLAS TX 75206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,040.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.463</div> Nonpriority creditor's name and mailing address PRESSLINK PRINTING LTD PO BOX 793947 DALLAS TX 75379 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.464</div> Nonpriority creditor's name and mailing address PRIDESTAFF INC 7535 N PALM AVENUE SUITE 101 FRESNO CA 93711 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$924.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.465</div> Nonpriority creditor's name and mailing address PRIMARY PHYSICIAN CARE INC 1515 MOCKINGBIRD LANE 3RD FLOOR CHARLOTTE NC 28209 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.38
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.466</div> Nonpriority creditor's name and mailing address PRINCIPLE VALUATION LLC 230 W MONROE STREET SUITE 2540 CHICAGO IL 60606 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.467</div> Nonpriority creditor's name and mailing address PRO AD INC PO BOX 21851 OKLAHOMA CITY OK 73156 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,617.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.468</div> Nonpriority creditor's name and mailing address PRO SILVER STAR LTD ATTN GWEN BUGAYONG 1 COWBOYS PARKWAY IRVING TX 75063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,833.32

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.469</div> Nonpriority creditor's name and mailing address PROFESSIONAL JANITORIAL SERVICES IN 2311 ELIZABETH AVENUE MIDLAND TX 79701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,948.48
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.470</div> Nonpriority creditor's name and mailing address PROFESSIONAL TOXICOLOGY SERVICES PO BOX 14665 SHAWNEE MISSION KS 66285-0665 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.90
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.471</div> Nonpriority creditor's name and mailing address PROGRESSIVE MEDICAL INC PO BOX 771410 ST LOUIS MO 63177-2410 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,837.98
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.472</div> Nonpriority creditor's name and mailing address PROTECTION SYSTEMS LLC 1890 CROWN DRIVE STE 1310 DALLAS TX 75234 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,961.77

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.473</div> Nonpriority creditor's name and mailing address PSS DALLAS PO BOX 846260 DALLAS TX 75284-6260 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,663.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.474</div> Nonpriority creditor's name and mailing address PURCHASE POWER PO BOX 371874 PITTSBURGH PA 15250-7874 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,031.53
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.475</div> Nonpriority creditor's name and mailing address PYRAMID HEALTHCARE SOLUTIONS INC PO BOX 17389 CLEARWATER FL 33762-0389 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,660.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.476</div> Nonpriority creditor's name and mailing address QLIK TECH INC 25686 NETWORK PL CHICAGO IL 60673-1256 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,808.76

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.477</div> Nonpriority creditor's name and mailing address QSPINE LLC 4950 WESTGROVE STE 115 DALLAS TX 75248 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,580.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.478</div> Nonpriority creditor's name and mailing address QUALITY STERILIZER SERVICES INC 9540 GARLAND ROAD SUITE 381-384 DALLAS TX 75218 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,584.51
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.479</div> Nonpriority creditor's name and mailing address QUEST DIAGNOSTICS PO BOX 841725 DALLAS TX 75284-1725 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,553.63
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.480</div> Nonpriority creditor's name and mailing address QUEST MEDICAL INC ONE ALLENTOWN PARKWAY ALLEN TX 75002 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.32

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.481</div> Nonpriority creditor's name and mailing address R A M SURGICAL LLC 2450 114TH STREET STE 200 GRAND PRARIE TX 75050 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,299.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.482</div> Nonpriority creditor's name and mailing address R AND R AVIATION LLC 4342 MARGATE DRIVE DALLAS TX 75220 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,541.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.483</div> Nonpriority creditor's name and mailing address RADCOM ASSOCIATES LTD PO BOX 851408 MESQUITE TX 75185-1408 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,350.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.484</div> Nonpriority creditor's name and mailing address RADIOLOGICAL CONSULTANTS ASSOC PO BOX 1003 INDIANAPOLIS IN 46206-1003 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,000.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.485</div> Nonpriority creditor's name and mailing address RADIOLOGY RESOURCE INC DBA DIAGNOS TEMPS 5050 QUORUM DRIVE, SUITE 700 DALLAS TX 75254 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,980.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.486</div> Nonpriority creditor's name and mailing address RAPID ORTHOPEDIC SUPPLIES LLC 3810 MELCER DRIVE SUITE 103 ROWLETT TX 75088 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,010.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.487</div> Nonpriority creditor's name and mailing address REGENERATIVE MEDICINE SOLUTIONS LLC 201 E KENNEDY BLVD STE 700 TAMPA FL 33602 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,780.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.488</div> Nonpriority creditor's name and mailing address RELYCO BUSINESS PRINTING SOLUTIONS 121 BROADWAY DOVER NH 03820 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$791.16

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.489</div> Nonpriority creditor's name and mailing address RENAISSANCE INTERACTIVE MEDIA GROUP 1001 JUPITER PARK DRIVE #124 JUPITER FL 33458 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.490</div> Nonpriority creditor's name and mailing address Richard A Honaker 2 Savannah Ridge Drive Frisco TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.491</div> Nonpriority creditor's name and mailing address Richard Berlando 2 Meadowlake Drive Heath TX 75032 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.492</div> Nonpriority creditor's name and mailing address Richard Grandjean 8710 San Benito Way Dallas TX 75218 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.493</div> Nonpriority creditor's name and mailing address RICHARD WOLF MEDICAL INSTRUMENTS CO 2573 MOMENTUM PLACE CHICAGO IL 60689-5325 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,001.61
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.494</div> Nonpriority creditor's name and mailing address RICHERSON ENTERPRISES INC FALCON X-PRESS PO BOX 825 WHITEWRIGHT TX 75491 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.495</div> Nonpriority creditor's name and mailing address RICOH USA INC 21146 NETWORK PLACE CHICAGO IL 60673-1211 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,102.57
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.496</div> Nonpriority creditor's name and mailing address RICOH USA INC PO BOX 660342 DALLAS TX 75266-0342 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,026.62

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.497</div> Nonpriority creditor's name and mailing address RIDGECREST ENERGY ADVISORS LLC 11550 FUQUA STE 500 HOUSTON TX 77034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183,063.59
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.498</div> Nonpriority creditor's name and mailing address Robert Cloud MD PA 1005 W. Ralph Hall Parkway #241 Rockwall TX 75032 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.499</div> Nonpriority creditor's name and mailing address ROBERT HALF FINANCE AND ACCOUNTING PO BOX 743295 LOS ANGELES CA 90074-3295 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,557.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.500</div> Nonpriority creditor's name and mailing address Robert Price Royce 4453 FM 1446 Waxahachie TX 75167 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.501</div> Nonpriority creditor's name and mailing address <u>Robert Summerlin</u> <u>counsel for Robert Knight</u> <u>Brown, Wharton & Brothers</u> <u>712 Main St., Suite 800</u> <u>Houston TX 77002</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Attorney for Robert Knight</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.502</div> Nonpriority creditor's name and mailing address <u>ROCHE DIAGNOSTICS</u> <u>MAIL CODE 5021</u> <u>PO BOX 660367</u> <u>DALLAS TX 75266-0367</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,328.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.503</div> Nonpriority creditor's name and mailing address <u>Royal Health LLC</u> <u>P O Box 630372</u> <u>Irving TX 75063</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class P Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.504</div> Nonpriority creditor's name and mailing address <u>RUHOF</u> <u>393 SAGAMORE AVE.</u> <u>MINEOLA NY 11501-1919</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,905.06</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.505</div> Nonpriority creditor's name and mailing address RUSTY HARDIN AND ASSOCIATES LLP 1401 MCKINNEY SUITE 2250 HOUSTON TX 77010 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,873.44
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.506</div> Nonpriority creditor's name and mailing address SAGENT PHARMACEUTICALS LOCKBOX #28549 28549 NETWORK PLACE CHICAGO IL 60673-1285 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,064.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.507</div> Nonpriority creditor's name and mailing address SAND TRAP SERVICE CO INC PO BOX 1823 FORT WORTH TX 76101 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,962.88
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.508</div> Nonpriority creditor's name and mailing address SANDRA CASTILLO 6933 GEORGE BROWN GARLAND TX 75043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.509</div> Nonpriority creditor's name and mailing address SANGUIN MEDICAL GROUP LP 3001 KNOX ST STE 405 DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.510</div> Nonpriority creditor's name and mailing address SCANLAN INTERNATIONAL ONE SCANLAN PLAZA ST. PAUL MN 55107 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,006.68
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.511</div> Nonpriority creditor's name and mailing address SCHNEIDER ELECTRIC BUILDING AMERICAS INC P O BOX 841868 DALLAS TX 75284-1868 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,708.72
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.512</div> Nonpriority creditor's name and mailing address SCRIPT MEDIA LLC 5729 LEBANON ROAD SUITE 144-262 FRISCO TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,563.74

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.513</div> Nonpriority creditor's name and mailing address SCRUBS AND BEYOND 12969 MANCHESTER RD ST LOUIS MO 63131 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,855.51
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.514</div> Nonpriority creditor's name and mailing address SEAN A KIRTON 3831 TURTLE CREEK BLVD APT 4G DALLAS TX 75219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.515</div> Nonpriority creditor's name and mailing address SEDGWICK ATTN CLAIMS PO BOX 14205 LEXINGTON KY 40511 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,534.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.516</div> Nonpriority creditor's name and mailing address SENSOSCIENTIFIC INC 130 WEST COCHRAN STREET SIMI VALLEY CA 93065 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.517</div> Nonpriority creditor's name and mailing address Sharon Gregorcyk 5506 Vickery Blvd Dallas TX 75206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.518</div> Nonpriority creditor's name and mailing address SHARP SERVICES AND SUPPORT GROUP 1300 NAPERVILLE DR ROMEOVILLE IL 60446 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$744.32
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.519</div> Nonpriority creditor's name and mailing address Shawn A Hayden 5124 Marble Falls Lane PLANO TX 75093 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.520</div> Nonpriority creditor's name and mailing address SHERWOOD DALLAS COMPANY 921 N BOWSER ROAD RICHARDSON TX 75081 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$271.71

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.521</div> Nonpriority creditor's name and mailing address SHIMADZU MEDICAL SYSTEMS 10625 NEWKIRK STE 500 DALLAS TX 75220 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,299.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.522</div> Nonpriority creditor's name and mailing address SHIPPERT MEDICAL TECHNOLOGIES 6248 S. TROY CIRCLE UNIT A CENTENIAL CO 80111 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$928.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.523</div> Nonpriority creditor's name and mailing address SHRED DOCUMENT DESTRUCTION DBA BALCONES SHRED 9301 JOHNNY MORRIS ROAD AUSTIN TX 78724-1523 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,123.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.524</div> Nonpriority creditor's name and mailing address SI NGUYEN 1729 OAK SHADE DR SUGAR LAND TX 77479 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$733.54

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.525</div> Nonpriority creditor's name and mailing address SIDLEY AUSTIN LLP PO BOX 0642 CHICAGO IL 60690 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,035.49
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.526</div> Nonpriority creditor's name and mailing address SIEMENS HEALTHCARE DIAGNOSTICS INC PO BOX 121102 DALLAS TX 75312-1102 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,212.29
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.527</div> Nonpriority creditor's name and mailing address SIEMENS MEDICAL SOLUTIONS USA INC 51 VALLEY STREAM PARKWAY MALVERN PA 19355 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,917.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.528</div> Nonpriority creditor's name and mailing address SIENTRA INC 420 S FAIRVIEW AVE STE 200 SANTA BARBARA CA 93117 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,056.36

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.529</div> Nonpriority creditor's name and mailing address SIESTA MEDICAL INC 101 CHURCH STREET STE 3 LOS GATOS CA 95030 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,972.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.530</div> Nonpriority creditor's name and mailing address SKYE ORTHOBIOLOGICS LLC 2629 MANHATTAN BEACH BLVD REDONDO BEACH CA 90278 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,863.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.531</div> Nonpriority creditor's name and mailing address SMITH AND NEPHEW ENDOSCOPY DIVISION PO BOX 60333 CHARLOTTE NC 28260-0333 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,956.30
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.532</div> Nonpriority creditor's name and mailing address SMITH AND NEPHEW INC PO BOX 951605 DALLAS TX 75395-1605 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,569.07

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.533</div> Nonpriority creditor's name and mailing address SMITHS MEDICAL ASD INC P. O. BOX 7247-7784 PHILADELPHIA PA 19170-7784 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,461.94
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.534</div> Nonpriority creditor's name and mailing address SOLARWINDS INC PO BOX 730720 DALLAS TX 75373-0720 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,623.43
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.535</div> Nonpriority creditor's name and mailing address SOLTAMEDICAL DEPT CH # 17252 PALATINE IL 60055-7252 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,343.37
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.536</div> Nonpriority creditor's name and mailing address SOUTHERN SUITE HOMES LLC P O BOX 1285 HELOTES TX 78023 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,770.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.537</div> Nonpriority creditor's name and mailing address SOUTHWEST LINEN SERVICE PO BOX 1141 239 NORTH COLUMBIA STEPHENVILLE TX 76401 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,178.02
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.538</div> Nonpriority creditor's name and mailing address SPARK ENERGY ATT: ROSHELL COOK 2105 CITY WEST BLVD STE 100 HOUSTON TX 77042 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.539</div> Nonpriority creditor's name and mailing address SPECK COMMUNICATIONS LLC 9505 MILLTRAIL DRIVE DALLAS TX 75238 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.540</div> Nonpriority creditor's name and mailing address SPECTRUM TECHNOLOGIES INC PO BOX 126 1228 STATE ROUTE 487 PAXINOS PA 17860 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$956.16

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.541</div> Nonpriority creditor's name and mailing address SPINAL USA INC PRECISION SPINE INC PO BOX 4356 DEPT #1904 HOUSTON TX 77210-4356 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.542</div> Nonpriority creditor's name and mailing address SPINAL USA LLC PO BOX 4356 DEPT 1904 HOUSTON TX 77210-4356 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,350.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.543</div> Nonpriority creditor's name and mailing address SPINE INSTITUTE OF TEXAS PLLC 11970 N CENTRAL EXPWY STE 450 DALLAS TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,842.57
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.544</div> Nonpriority creditor's name and mailing address SPINE STAR LLC 908 AUDELIA RD STE 200 PMB338 RICHARDSON TX 75081 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,245.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.545</div> Nonpriority creditor's name and mailing address SQUIRE PATTON BOGGS US LLP PO BOX 511269 LOS ANGELES CA 90051-7824 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,672.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.546</div> Nonpriority creditor's name and mailing address STAPLES BUSINESS ADVANTAGE PO BOX 83689 CHICAGO IL 60696-3689 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,814.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.547</div> Nonpriority creditor's name and mailing address STELKAST INC 200 HIDDEN VALLEY ROAD MCMURRAY PA 15317 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.548</div> Nonpriority creditor's name and mailing address STERILE COMPOUNDING OF AMERICA 8821 KNOEDL COURT LITTLE ROCK AR 72205 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.98

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.549</div> Nonpriority creditor's name and mailing address STERIS CORPORATION PO BOX 676548 DALLAS TX 75267-6548 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,871.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.550</div> Nonpriority creditor's name and mailing address STERIS CORPORATION PO BOX 676548 DALLAS TX 75267-6548 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,246.41
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.551</div> Nonpriority creditor's name and mailing address Steve Lau 2059 Azalea Trail Irving TX 75063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.552</div> Nonpriority creditor's name and mailing address STRATA DECISION TECHNOLOGY LLC PO BOX 945911 ATLANTA GA 30394-5911 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,247.50

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.553</div> Nonpriority creditor's name and mailing address STRATUS ANESTHESIA ASSOC DAL PPLC 12222 NORTH CENTRAL EXPY, STE 400 DALLAS TX 75243 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,417.59
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.554</div> Nonpriority creditor's name and mailing address STRYKER COMMUNICATIONS 22491 NETWORK PLACE CHICAGO IL 60673 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,877.83
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.555</div> Nonpriority creditor's name and mailing address STRYKER ENDOSCOPY C/O STRYKER SALES CORPORATION P O BOX 93276 CHICAGO IL 60673 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152,819.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.556</div> Nonpriority creditor's name and mailing address STRYKER ORTHOPAEDICS PO BOX 93213 CHICAGO IL 60673-3213 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,840.73

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.557</div> Nonpriority creditor's name and mailing address STRYKER PERFORMANCE SOLUTIONS BOX 93213 CHICAGO IL 60673-3213 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$108,658.36</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.558</div> Nonpriority creditor's name and mailing address STRYKER SALES CORP P O BOX 70119 CHICAGO IL 60673-0119 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$385,754.51</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.559</div> Nonpriority creditor's name and mailing address STRYKER SPINE 21912 NETWORK PLACE CHICAGO IL 60673-1912 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$63,550.99</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.560</div> Nonpriority creditor's name and mailing address SUPPLEMENTAL HEALTH CARE SHC SERVICES INC P O BOX 677896 DALLAS TX 75267-7896 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$86,126.44</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.561</div> Nonpriority creditor's name and mailing address SURGICAL INFORMATION SYSTEMS LLC 555 N POINT CENTER EAST STE 700 ALPHARETTA GA 30022 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,725.51
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.562</div> Nonpriority creditor's name and mailing address SURGICAL REVIEW CORPORATION PO BOX 18136 RALEIGH NC 27619 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,700.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.563</div> Nonpriority creditor's name and mailing address SURGICAL SOLUTIONS INC 1612 VILLAGE TRAIL KELLER TX 76248 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.564</div> Nonpriority creditor's name and mailing address SURGICAL SPECIALTIES PO BOX 823444 PHILADELPHIA PA 19182-3444 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,677.45

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.565</div> Nonpriority creditor's name and mailing address SURGIFORM TECHNOLOGY LTD 1566 WHITING WAY LUGOFF SC 29078 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,252.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.566</div> Nonpriority creditor's name and mailing address SYNERGY SURGICAL LLC 2201 E PRES GEORGE BUSH FRWY STE A104 PLANO TX 75074 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,257.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.567</div> Nonpriority creditor's name and mailing address SYNTHESES P.O.BOX 8538-662 PHILADELPHIA PA 19171-0662 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,049.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.568</div> Nonpriority creditor's name and mailing address SYSTEMATECH TECNICAL MANAGEMENT SVC dba INDEMAND INTERPRETING 555 ANDOVER PARK WEST STE 201 TUKWILA WA 98188 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,732.66

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.569</div> Nonpriority creditor's name and mailing address T SYSTEM INC DEPT 2537 PO BOX 122537 DALLAS TX 75312-2537 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,200.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.570</div> Nonpriority creditor's name and mailing address TACY MEDICAL INC PO BOX 15807 FERNANDINA BEACH FL 32035-3114 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.34
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.571</div> Nonpriority creditor's name and mailing address TAX ADVISORS GROUP INC 12400 COIT ROAD # 1270 DALLAS TX 75251 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$711,587.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.572</div> Nonpriority creditor's name and mailing address Taylor Medical Consultants PLLC 3517 Dartmouth Ave Dallas TX 75206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.573</div> Nonpriority creditor's name and mailing address TCB INC 14240 SULLYFIELD CIRCLE #K CHANTILLY VA 20151 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,722.17
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.574</div> Nonpriority creditor's name and mailing address TDINDUSTRIES INC P O BOX 300008 DALLAS TX 75303-0008 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,864.96
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.575</div> Nonpriority creditor's name and mailing address TELEFLEX MEDICAL INC PO BOX 601608 CHARLOTTE NC 28260-1608 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,323.90
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.576</div> Nonpriority creditor's name and mailing address TELEVISION STATION KTXA INC PO BOX 730206 DALLAS TX 75373-0206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,710.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.577</div> Nonpriority creditor's name and mailing address TENEX HEALTH INC 26902 VISTA TERRACE LAKE FOREST CA 92630 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,484.34</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.578</div> Nonpriority creditor's name and mailing address TERUMO MEDICAL CORPORATION PO BOX 841733 DALLAS TX 75284-1733 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$318.53</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.579</div> Nonpriority creditor's name and mailing address Texas Capital Bank 2000 McKinney Ave, Suite 700 Dallas TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Banking account services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$42,589.32</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.580</div> Nonpriority creditor's name and mailing address TEXAS INTRAOPERATIVE MONITORING IN 25 HIGHLAND PARK VILLAGE #100-225 DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,000.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.581</div> Nonpriority creditor's name and mailing address TEXAS LIFELINE CORPORATION PO BOX 472478 GARLAND TX 75047 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.582</div> Nonpriority creditor's name and mailing address The Arthur Clay Group LLC 1000 N DAVIS DRIVE SUITE B ARLINGTON TX 76012 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.583</div> Nonpriority creditor's name and mailing address The Entrust Group, Inc. FBO Gregory C Moran IRA 35718 555 12 th Street Suite 1250 Oakland CA 94607 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.584</div> Nonpriority creditor's name and mailing address The Management Company at Forest Park Medical Center, LLC 2101 Cedar Springs Road, Suite 1540 Dallas TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Management Contract	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Contract/Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$605,508.40

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.585</div> Nonpriority creditor's name and mailing address THE SSI GROUP INC PO BOX 11407 BIRMINGHAM AL 35246-2455 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,592.05
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.586</div> Nonpriority creditor's name and mailing address THE STEVE HOLMES GROUP 6850 PEACHTREE DUNWOODY RD NE STE 821 SANDY SPRINGS GA 70328 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,432.94
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.587</div> Nonpriority creditor's name and mailing address THERACOM INC PAYMENT CENTER PO BOX 640105 CINCINNATI OH 45264-0105 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.588</div> Nonpriority creditor's name and mailing address THOMAS PROTECTIVE SERVICE INC 8475 COUNTY ROAD 156 PO BOX 833 KAUFMAN TX 75142-0883 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,572.80

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.589</div> Nonpriority creditor's name and mailing address THREE60 ORTHO LLC 4311 VERDE LN FRISCO TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,200.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.590</div> Nonpriority creditor's name and mailing address TIGERDIRECT INC PO NOX 935313 ATLANTA GA 31193-5313 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.08
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.591</div> Nonpriority creditor's name and mailing address TIME WARNER CABLE P O BOX 60074 CITY OF INDUSTRY CA 91716-0074 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,434.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.592</div> Nonpriority creditor's name and mailing address TODD FURNISS 2101 CEDAR SPRINGS ROAD STE 1540 DALLAS TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462.54

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.593</div> Nonpriority creditor's name and mailing address TORAX MEDICAL INC 4188 LEXINGTON AVE NORTH SHOREVIEW MN 55126 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,900.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.594</div> Nonpriority creditor's name and mailing address TORNIER INC PO BOX 4631 HOUSTON TX 77210-4631 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,404.29
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.595</div> Nonpriority creditor's name and mailing address TOSOH BIOSCIENCE INC PO BOX 712415 CINCINNATI OH 45271-2415 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,617.31
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.596</div> Nonpriority creditor's name and mailing address TOTAL BACK SOLUTIONS LLC 2116 QUAIL MEADOW LN FRISCO TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.597</div> Nonpriority creditor's name and mailing address TOTAL SPINAL REMEDY LLC 320 REGAL ROW - SUITE 100 DALLAS TX 75247-5213 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,246.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.598</div> Nonpriority creditor's name and mailing address TOUSSAINT FAMILY PARTNERSHIP LTD 3712 EUCLID AVENUE DALLAS TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,513.33
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.599</div> Nonpriority creditor's name and mailing address Toussaint Family Partnership, Ltd. 3712 Euclid Ave. Dallas TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class F Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.600</div> Nonpriority creditor's name and mailing address Trevor Kraus 3912 Colgate Dallas TX 75225 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class P Member Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.601</div> Nonpriority creditor's name and mailing address TRI ANIM HEALTH SERVICES 25197 NETWORK PLACE CHICAGO IL 60673-1251 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.79
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.602</div> Nonpriority creditor's name and mailing address TRINITY JET MANAGEMENT INC 7515 LEMMON AVE HANGAR P DALLAS TX 75209 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,213.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.603</div> Nonpriority creditor's name and mailing address TRITON BIOLOGICS LLC 2116 QUAIL MEADOW LN FRISCO TX 75034 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.604</div> Nonpriority creditor's name and mailing address TROCAR SWEEP LLC 515 W MAYFIELD STE 402 ARLINGTON TX 76014 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$926.66

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.605</div> Nonpriority creditor's name and mailing address TRUE HIRE IDS BACKGROUNDS 11730 CLEVELAND AVENUE NW UNIONTOWN OH 44685 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,976.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.606</div> Nonpriority creditor's name and mailing address TXU ENERGY PO BOX 650638 DALLAS TX 75265-0638 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,139.17
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.607</div> Nonpriority creditor's name and mailing address TYPENEX MEDICAL LLC 303 E WACKER DRIVE STE 1200 CHICAGO IL 60601 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,006.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.608</div> Nonpriority creditor's name and mailing address UCI 1000 S ADAMS AMARILLO TX 79101 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.96

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.609</div> Nonpriority creditor's name and mailing address ULRICH MEDICAL USA INC 18221 EDISON AVE CHESTERFIELD MO 63005 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,100.44
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.610</div> Nonpriority creditor's name and mailing address UNITED HEALTHCARE SPRINGFILED SERVICE CENTER PO BOX 30555 SALT LAKE CITY UT 84130-0555 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.72
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.611</div> Nonpriority creditor's name and mailing address UNIVERSAL HOSPITAL SERVICES, INC SDS 12 0940 PO BOX 86 MINNEAPOLIS MN 55486-0940 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,601.65
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.612</div> Nonpriority creditor's name and mailing address URESIL LLC 5418 W TOUHY AVENUE SKOKIE IL 60077 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.96

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.613</div> Nonpriority creditor's name and mailing address US IMPLANT SOLUTIONS LLC 1778 PARK AVENUE NORTH SUITE 200 MAITLAND FL 32751 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,712.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.614</div> Nonpriority creditor's name and mailing address USMED EQUIP INC PO BOX 41321 HOUSTON TX 77241 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.615</div> Nonpriority creditor's name and mailing address VALMED COBY L WOOTEN ATTORNEY AT LAW 1301 BALLINGER FORT WORTH TX 76102 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,900.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.616</div> Nonpriority creditor's name and mailing address VDI COMMUNICATIONS INC ACCOUNTS PAYABLE 15031 WOODHAM DRIVE-STE 340 HOUSTON TX 77073-5906 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,409.88

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.617</div> Nonpriority creditor's name and mailing address VERATHON INC PO BOX 935117 ATLANTA GA 31193-5117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.618</div> Nonpriority creditor's name and mailing address VERIZON BUSINESS PO BOX 660794 DALLAS TX 75266-0794 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$628.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.619</div> Nonpriority creditor's name and mailing address VH PRINTING LP 1930 VALLEY VIEW LANE DALLAS TX 75234 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$841.12
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.620</div> Nonpriority creditor's name and mailing address Vibrant Healthcare, LLC 12222 North Central Express Dallas TX 75231 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Management Contract	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Contract/Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,748,103.84

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.621</div> Nonpriority creditor's name and mailing address VILEX INC 111 MOFFITT STREET MCMINNVILLE TN 37110 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,681.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.622</div> Nonpriority creditor's name and mailing address VINSON AND ELKINS PO BOX 301019 DALLAS TX 75303-1019 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$24,870.46</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.623</div> Nonpriority creditor's name and mailing address VIRTUS CONSULTING LLC 13825 HORTON DRIVE OVERLAND PARK KS 66223 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$585.16</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.624</div> Nonpriority creditor's name and mailing address VITALWARE 1200 CHESTERLEY DRIVE STE 260 YAKIMA WA 98902 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,500.00</u>

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.625</div> Nonpriority creditor's name and mailing address WALDMAN BROS 6200 LBJ FRWY SUITE 200 DALLAS TX 75240-6331 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,137.05
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.626</div> Nonpriority creditor's name and mailing address Wells Fargo Equipment Finance 733 Marquette Ave Ste 700 Minneapolis, MN, 55402 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Total is amount owed under contract	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Equipment Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,462.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.627</div> Nonpriority creditor's name and mailing address WELLS JOHNSON COMPANY PO BOX 18230 TUCSON AZ 85731-8230 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,701.32
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.628</div> Nonpriority creditor's name and mailing address WES ENTERPRISES LP 200 MEADOWLANDS BLVD KELLER TX 76248 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,825.00

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.629</div> Nonpriority creditor's name and mailing address WESTERN WATER CONSULTANTS INC DBA WATER CONSULTANTS OF TEXAS PO BOX 830 RHOME TX 76078 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$507.61
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.630</div> Nonpriority creditor's name and mailing address WILLIAMS MEDICAL COMPANY PO BOX 1122 YORBA LINDA CA 92886 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.631</div> Nonpriority creditor's name and mailing address WIRE CONSULTING GROUP 9816 SPIREHAVEN LANE DALLAS TX 75238 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.632</div> Nonpriority creditor's name and mailing address WL GORE AND ASSOCIATES INC PO BOX 751331 CHARLOTTE NC 28275 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117,033.91

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.633</div> Nonpriority creditor's name and mailing address WORKPLACE DYNAMICS LLC 180 SHEREE BLVD SUITE 2900 EXTON PA 19341 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.634</div> Nonpriority creditor's name and mailing address WOUND CARE TECHNOLOGIES INC 1721 LAKE DRIVE WEST CHANHASSEN MN 55317 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$949.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.635</div> Nonpriority creditor's name and mailing address WR MEDICAL ELECTRONICS CO 1700 GERVAIS AVENUE MAPLEWOOD MN 55109-2134 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,207.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.636</div> Nonpriority creditor's name and mailing address WRIGHT MEDICAL ATTN TRACEY NELSON AR 123 CHERRY ROAD MEMPHIS TN 38117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,864.00

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.637</div> Nonpriority creditor's name and mailing address XRAY SALES AND SERVICE CO 2530 MANSFIELD HWY FT WORTH TX 76119 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$757.76
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.638</div> Nonpriority creditor's name and mailing address ZIP DELIVERY 10610 NEWKIRK ST STE 206 DALLAS TX 75220 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.639</div> Nonpriority creditor's name and mailing address ZOLL MEDICAL CORPORATION PO BOX 27028 NEW YORK NY 10087-7028 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: goods or services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$871.97

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Abbasi, Atif A. 9302 Forest Lane E204 Dallas TX 75243	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.2	Abel, Katie 4123 Cedar Springs Rd., Apt 5522 Dallas TX 75219	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.3	Abraham, James A. 2291 Magic Mantle Dr Lewisville TX 75056	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.4	ACCESS EFORMS LP c.o Seth Meisel 303 Colorado Street, Suite 2300 Austin TX 78701	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.5	Adelaide Healthcare Group, LLC c.o Glenn Tucker, Sr. 8330 LBJ Freeway, Suite 360 Dallas TX 75243	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Adelaide Healthcare	_____
4.6	Alamin, Mohammed A. 1508 Starshadow Dr. Richardson TX 75081	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	Alan Loewinsohn Attorney: Christel Pennington, Executor Loewinsohn Flegle Deary LLP 12377 Merit Drive, Suite 900 Dallas TX 75251	Line 3.123 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.8	Alfred W. Ellis, Counsel for James McChristian in all capacities Sommerman, McCaffity & Quesada, LLP 3811 Turtle Creek Boulevard, Suite 1400 Dallas TX 75219	Line 3.285 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.9	Alfred W. Ellis, Counsel for James McChristian in all capacities Sommerman, McCaffity & Quesada, LLP 3811 Turtle Creek Boulevard, Suite 1400 Dallas TX 75219	Line 3.284 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.10	Alfred W. Ellis, Counsel for James McChristian in all capacities Sommerman, McCaffity & Quesada, LLP 3811 Turtle Creek Boulevard, Suite 1400 Dallas TX 75219	Line 3.283 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.11	Alfred W. Ellis, Counsel for James McChristian in all capacities Sommerman, McCaffity & Quesada, LLP 3811 Turtle Creek Boulevard, Suite 1400 Dallas TX 75219	Line 3.282 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.12	Alfred W. Ellis, Counsel for James McChristian in all capacities Sommerman, McCaffity & Quesada, LLP 3811 Turtle Creek Boulevard, Suite 1400 Dallas TX 75219	Line 3.281 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.13	Alfred W. Ellis, Counsel for James McChristian in all capacities Sommerman, McCaffity & Quesada, LLP 3811 Turtle Creek Boulevard, Suite 1400 Dallas TX 75219	Line 3.280 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14 Allman, Melissa A. 2131 Highland Dr. Wylie TX 75098	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.15 Allred, Jamie A. 2606 Zodiac Dr. Garland TX 75044	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.16 ALPHA ORTHOPEDICS PHYSICIAN GRP PA c.o Michael Alfred 1445 Ross Ave, Suite 2400 Dallas TX 75202	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.17 Alsobrooks, Lonzra A. 9030 Markville Dr Apt 4232 Dallas TX 75243	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.18 Alsobrooks, Susan A. 9030 Markville Drive Apt 4232 Dallas TX 75243	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.19 Anderson, Andrew A. 503 Savannah Drive Ovilla TX 75154	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.20 Anderson, Thomas 2818 Knightsbridge Ln Garland TX 75043	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.21	Art Stewart GlendonTodd Capital, LLC 2101 Cedar Springs Road, Suite 1540 Dallas TX 75201	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____ _____ _____ _____
4.22	Ashley, Erin A. 1003 Bainbridge Forney TX 75126	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____ _____ _____ _____
4.23	Augustine, Jiji A. 517 Camrose Ln Murphy TX 75094	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____ _____ _____ _____
4.24	Baber, Karen B. 1209 Hummingbird Rd. Killeen TX 76542	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____ _____ _____ _____
4.25	Baez, Roberto 10211 Regal Oaks Dr., Apt 222 Dallas TX 75230	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____ _____ _____ _____
4.26	Bank of the West c.o Diana Nichols 303 Colorado Street, Suite 2000 Austin TX 78701	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Bank of the West	_____ _____ _____ _____
4.27	Beharry, Raywatee B. 3915 S Hampton Rd Dallas TX 75224	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____ _____ _____ _____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.28 Bias, Toni B. 401 Northwest Hwy Apt 3303 Irving TX 75039	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.29 Bill Ucherek II Juneau, Boll, Stacy & Ucherek PLLC Counsel for Chris Hovde 15301 Spectrum Drive #300 Addison TX 75001	Line 3.121 <input type="checkbox"/> Not listed. Explain:	_____
4.30 Bowler, Natasha B. 7927 Forest Ln. #237 Dallas TX 75230	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.31 Brannen, Megan B. 1506 Paris Dr Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.32 Buendtner, Laura B. 314 Fox Hollow Dr. Red Oak TX 75154	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.33 Bunu-Raisan, Lina B. 17950 Sunmeadow Dr Apt 4701 Dallas TX 75252	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.34 Byrd, Benjamin B. 8088 Park Lane Apt. 1116 Dallas TX 75231	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.35 <u>Campbell, Gale C.</u> <u>3505 Vicki Ln</u> <u>Balch Springs TX 75180</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.36 <u>Capshaw, Christopher C.</u> <u>4602 Rockaway Dr</u> <u>Dallas TX 75214</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.37 <u>Catuncan, Asyia C.</u> <u>4001 Moonlight Dr.</u> <u>Little Elm TX 75068</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.38 <u>Chappa, Alma C.</u> <u>705 Wallace Dr</u> <u>Garland TX 75041</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.39 <u>Chris Hovde</u> <u>c.o Phil Ucherek</u> <u>15301 Spectrum Drive, Suite 300</u> <u>Addison TX 75001</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Chris Hovde	_____
4.40 <u>Chuang, Wenyu</u> <u>9206 Dove Meadow Drive</u> <u>Dallas TX 75243</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.41 <u>Cloud, William C.</u> <u>1637 Yellowstone Ave</u> <u>Lewisville TX 75077</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.42 Co, Angelina C. 801 Legacy Drive Apt. 1728 Plano TX 75023	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.43 Cobb, Jeff C. 4211 Red Spruce Carrollton TX 75010	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.44 Cohen, Alana C. 1435 Rollins Dr Allen TX 75013	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.45 Colleen Carboy Counsel for Marshal Mills & Eileen Mills Carboy Law Firm 2540 King Arthur Blvd., Suite 215 Lewisville TX 75056	Line <u>3.353</u> <input type="checkbox"/> Not listed. Explain:	_____
4.46 Colleen Carboy Counsel for Marshal Mills & Eileen Mills Carboy Law Firm 2540 King Arthur Blvd., Suite 215 Lewisville TX 75056	Line <u>3.184</u> <input type="checkbox"/> Not listed. Explain:	_____
4.47 Collins, Eva C. 905 Richard Dr Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.48 Coulston, Mary C. 1821 Christian Rd. Ennis TX 75119	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.49	Creal, Steve C. 403 Sunset Dr Crandall TX 75114	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.50	D. Bradley Kizzia Counsel for Chris Hovde 750 N. S. Paul Street #1320 Kizzia & Johnson, PLLC Dallas TX 75201	Line 3.121 <input type="checkbox"/> Not listed. Explain:	_____
4.51	Dalida, Josefina D. 1020 Native Trail Heath TX 75032	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.52	Dallas County c.o Sherrel Knighton 2777 N. Stemmons Freeway, Suite 1000 Dallas TX 75207	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Dallas County	_____
4.53	Daniels, Cherry D. 3035 E Ledbetter 108 Dallas TX 75216	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.54	Darrell Keith Keith Law Firm PC Counsel for Anna Marie & Frank Andaverde 301 Commerce Street Fort Worth TX 76102	Line 3.213 <input type="checkbox"/> Not listed. Explain:	_____
4.55	Darrell Keith Keith Law Firm PC Counsel for Anna Marie & Frank Andaverde 301 Commerce Street Fort Worth TX 76102	Line 3.48 <input type="checkbox"/> Not listed. Explain:	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.56 <u>David, Alvin D.</u> <u>702 Canal St</u> <u>Irving TX 75063</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.57 <u>Davis, Dashaun D.</u> <u>2135 Us Highway 80e, Apt#2135-100</u> <u>Mesquite TX 75150</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.58 <u>Day, Lea D.</u> <u>3905 Knob Hill Drive</u> <u>Plano TX 75023</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.59 <u>Dickerson, Cody D.</u> <u>2804 W. Houston Street</u> <u>Sherman TX 75092</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.60 <u>Douglas, Joseph D.</u> <u>1003 Bainbridge</u> <u>Forney TX 75126</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.61 <u>Drake, Archie D.</u> <u>1041 St. Peter Dr.</u> <u>Murphy TX 75094</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.62 <u>Dubois, Jennifer</u> <u>627 Stillmeadow</u> <u>Richardson TX 75081</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.63 Duimstra, Elisha D. 2700 Canton St. Apt. #105 Dallas TX 75226	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.64 Duncan, Braden D. 3505 Aster Ln Rowlett TX 75089	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.65 Duncan, Henry D. 2813 Dove Meadow Dr Garland TX 75043	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.66 Dusatko, Cheryl D. 906 Wildwood Dr. Alvarado TX 76009	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.67 DVO Sportz, Inc. c/o Julianne Nguyen 5454 La Sierra Drive, Suite 100 Dallas TX 75231	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.68 Eggart, Cathi E. 1108 W. 3rd Spur TX 79370	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.69 Ellis-Fasen, Lenelle E. 530 Buckingham Rd., Apt 622 Richardson TX 75081	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.70 <u>Elmore, Rhonda E.</u> <u>320 Droinwich Circle</u> <u>Allen TX 75002</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.71 <u>Elshrkawy, Mahmoud E.</u> <u>9821 Summerwood Cir Apt 1214</u> <u>Dallas TX 75243</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.72 <u>Evans, Jonathan E.</u> <u>9066 Saranac Trail</u> <u>Fort Worth TX 76118</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.73 <u>Everman, Kelly E.</u> <u>5716 Maidstone Dr.</u> <u>Richardson TX 75082</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.74 <u>Ewald, Alicia E.</u> <u>4533 Hale St</u> <u>The Colony TX 75056</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.75 <u>Fernandez, Ofelia</u> <u>2640 Lockhart</u> <u>Dallas TX 75228</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.76 <u>FORT KNOX PROTECTION INC</u> <u>c.o John Kelsey</u> <u>PO Box 918</u> <u>Denton TX 76202</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Fort Knox	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.77 Gabrielsen, Adam G. 7053 Belteau Ln Dallas TX 75227	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.78 Gain, Aimee G. 2610 Leo Dr Garland TX 75044	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.79 Gheen, Kendal G. 10518 Lakemere Drive Dallas TX 75238	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.80 Golnabi, Atosa 6628 Star Creek Drive Frisco TX 75034	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.81 Goss, Holly G. 1048 Finsbury Lane Forney TX 75126	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.82 Green, Gwendolyn G. 1414 Delta Dr Cedar Hill TX 75104	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.83 Green, Tamone G. 2304 Eastwood Dr. Lancaster TX 75134	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.84 Grubert, Katharine G. 3708 Northaven Road Dallas TX 75229	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.85 Gutierrez, Elizabeth 1426 Shorehaven Dr Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.86 Gutierrez, Maria G. 1426 Shorehaven Dr Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.87 Harris, Kelly H. 1217 Devonshire Ln Mesquite TX 75150	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.88 Henley, Juel H. 7001 W. Parker Road, Apt 722 Plano TX 75093	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.89 Hernandez, Alma H. 3303 Wilbarger Dallas TX 75227	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.90 Herrera, Adriana H. 1308 Gristmill Ln Celina TX 75009	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.91	Hinrichs, Bradley H. 2609 Patrice Dr Garland TX 75041	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.92	Holland, Cornelius H. 12303 Hoblitzelle Dr Dallas TX 75243	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.93	Hoot, Brenda H. 16301 Prairie Garden Rd Canyon TX 79015	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.94	Horton, Brittany H. 1112 Wheatear Drive Little Elm TX 75068	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.95	Ibanez, Jose I. 2541 Wabash Ave Apt A Fort Worth TX 76109	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.96	Identity Media Services, LLC c.o Scott Wert 1300 Summit Ave, Suite 650 Fort Worth TX 76102	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Identity Media	_____
4.97	Indarawis, Lyndsey I. 1322 Clear Creek Dr Wylie TX 75098	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.98 Jacob, Lino J. 2933 Hunters Point Ln Carrollton TX 75007	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.99 Jalloh, Mariama J. 1252 Hidden Rdg Apt 3006 Irving TX 75038	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.100 Jefferson, Roshawdon J. 5401 Independence Plano TX 75023	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.101 JOHN R AMES TAX ASSESSOR COLLECTOR DALLAS COUNTY TAX OFFICE PO BOX 139066 DALLAS TX 75313-9066	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: goods or services rendered	_____
4.102 Johnson, Laquatta J. 9821 Bluffcreek Dr. Dallas TX 75227	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.103 Johnson, Rendessa J. 10200 Independence Pkwy # 1306 Plano TX 75025	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.104 Jones, Chasity J. 412 Danny Dr Desoto TX 75115	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.105 Judson, Misty J. 7502 Travelers Xing Rowlett TX 75089	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.106 Kaidbey, Rana K. 1032 San Jacinto Drive #1912 Irving TX 75063	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.107 Kalantari, Farnaz 9714 Chasefield Dr. Rockwall TX 75087	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.108 Kelly, Diana K. 302 Brownlee Circle Bosier City LA 71111	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.109 King, Stephanie K. 5050 Capitol Avenue, Apt 281 Dallas TX 75206	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.110 Kirkland, John K. 2908 Reata Dr Wylie TX 75098	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.111 Kite, Kaitlin K. 6101 Berkshire Rd. McKinney TX 75070	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.112 Kurtz, Myra K. 2752 Gaston Ave #1131 Dallas TX 75226	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.113 Lamb, Tiffany L. 9217 Waterman Dr. Aubrey TX 76227	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.114 Lampkin, Rebecca L. 3657 Laprada Dr Mesquite TX 75150	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.115 Lang, Steven L. 10588 Stone Canyon Rd #185 Dallas TX 75230	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.116 Lang, Steven L. 10588 Stone Canyon Rd #185 Dallas TX 75230	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.117 Lavender, Dequita L. 38 Gaslight Dr. Hutchins TX 75141	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.118 Limos, Janice L. 5414 Cypress Dr. Rowlett TX 75089	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.119 <u>Loftice, Kevin L.</u> <u>325 Old Hwy. 6</u> <u>Howe TX 75495</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.120 <u>Long, Lou L.</u> <u>342 Belmont Ln</u> <u>Van Alstyne TX 75495</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.121 <u>Lunger, Ashley L.</u> <u>246 Meadowcrest Dr</u> <u>Terrell TX 75160</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.122 <u>Mack, Shelby, and Hayden Sanders</u> <u>c.o Jeffrey Hightower</u> <u>4144 N. Central Expwy, Suite 1230</u> <u>Dallas TX 75204</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Sanders	_____
4.123 <u>Mathew, Sibiu</u> <u>543 Elderwood Loop</u> <u>Mesquite TX 75181</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.124 <u>Mathew, Varughese</u> <u>3641 Danbury Lane</u> <u>Plano TX 75074</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.125 <u>Matricardi, Jake M.</u> <u>2000 Westminster Ct</u> <u>Mckinney TX 75070</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.126 <u>Mayes, Janet M.</u> <u>9221 Amberton Parkway 150</u> <u>Dallas TX 75243</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.127 <u>McDonald, Shannon M.</u> <u>7401 Alma Drive #212</u> <u>Plano TX 75025</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.128 <u>McNabb, Sarah M.</u> <u>522 W. Celeste Dr.</u> <u>Garland TX 75041</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.129 <u>McWilliams, Amy M.</u> <u>3201 Glenwood Dr</u> <u>Wylie TX 75098</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.130 <u>Med EI Corporation</u> <u>c.o Michael Myers</u> <u>901 Main Street, Suite 6515</u> <u>Dallas TX 75202</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Med EI	_____
4.131 <u>MedPro</u> <u>Attn: Sally Morkovsky</u> <u>PO Box 120863</u> <u>Arlington TX 76012</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.132 <u>Mendez, Rene M.</u> <u>1405 Lacewing Dr</u> <u>Mckinney TX 75070</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.133 Merrill Communications LLC c.o Angela Hofferma 5051 Westheimer Road, 10th Floor Houston TX 77056	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Merrill	_____
4.134 Middleton, Molly M. 5716 Red Hill Ln. Frisco TX 75034	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.135 Miller, Lisa M. 1563 Matlock Mansfield TX 76063	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.136 Mongaras, Adelle M. 7362 Dominique Dr Dallas TX 75214	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.137 Montoya, Maidelia M. 316 W Avenue Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.138 Moore, Jennifer M. 3721 N. Hall Street, Apt 702 Dallas TX 75219	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.139 Morales, Maria M. 710 Pleasant Valley Rd Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.140 Morris, Carolyn M. 3912 Marshall Dr Dallas TX 75210	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.141 Mosley, James M. 89 Steamboat Shrs. Emory TX 75440	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.142 Naguib, Therese N. 3808 Cloudcrest Dr Plano TX 75074	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.143 Nance, Sharon N. 2000 Mobile Dr Ennis TX 75119	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.144 Narramore, Wendi 3905 Popular Point Dr Rockwall TX 75032	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.145 Nguyen, Giang N. 3429 O'henry Dr Garland TX 75042	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.146 Nguyen, Lauren N. 623 Alexandra Ave Richardson TX 75081	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.147 <u>Nguyen, Oanh N.</u> <u>4625 Enchanted Isle Ct.</u> <u>Arlington TX 76016</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.148 <u>Nguyen, Phuong N.</u> <u>2009 Lake Highlands Dr</u> <u>Wylie TX 75098</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.149 <u>Nichols, Sherry N.</u> <u>1677 Hearn Lane</u> <u>Van Alstyne TX 75495</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.150 <u>Nixon, Shannon N.</u> <u>2805 Riviera Dr.</u> <u>Garland TX 75040</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.151 <u>Nobles, Rachel N.</u> <u>8005 Salzburg Dr.</u> <u>Rowlett TX 75089</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.152 <u>Nowell, Brandy N.</u> <u>2853 Ingram Cir</u> <u>Mesquite TX 75181</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.153 <u>Oard, Jennifer O.</u> <u>2660 N. Haskell Ave., Apt 4139</u> <u>Dallas TX 75204</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.154 <u>Obrien, Stacie</u> <u>242 Amherst</u> <u>Forney TX 75126</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.155 <u>Oh, Ae</u> <u>1903 Cornell Dr</u> <u>Richardson TX 75081</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.156 <u>Ortega, Luis</u> <u>4411 Country Creek Dr</u> <u>Dallas TX 75236</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.157 <u>Ottmer, Shannon O.</u> <u>560 Flat Ct</u> <u>Waxahachie TX 75167</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.158 <u>Panilagao, Wenlove P.</u> <u>1622 Grove Park Place</u> <u>Garland TX 75040</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.159 <u>Parish, Gavin P.</u> <u>2624 Downing Avenue</u> <u>Dallas TX 75216</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.160 <u>Parker, Sharda P.</u> <u>1441 Montebello Dr</u> <u>Prosper TX 75078</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.161 Pauline Ndirangu c.o Brian Sanford 1910 Pacific Ave. Suite 15400 Dallas TX 75201	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.162 Petreaca, Louana-Naomi 3321 Marcedonia Dr Plano TX 75025	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.163 Pham, Hilary P. 505 Welch Drive Royse City TX 75189	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.164 Phan, Truc P. 2846 Autumn Breeze Way Kissimmee FL 34744	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.165 Phelps, Katherine P. 105 Towngate Dr Wylie TX 75098	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.166 Pirnajmedin, Hamid P. 4808 Haverwood Ln Apt 1021b Dallas TX 75287	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.167 Pope, Kimberly P. 2128 Lakeway Terrace Flower Mound TX 75028	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.168 Porter, Cassie 14332 Montfort Dr., Apt 5408 Dallas TX 75254	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.169 PRESSLINK PRINTING LTD c.o Edward Davis 8750 N. Central Expy, Suite 1600 Dallas TX 75231	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.170 Purifoy, Michael P. 205 Pecan Park Dr Bullard TX 75757	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.171 Quine, Julie 9135 Coral Cove Dr Dallas TX 75243	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.172 Quintero, Melissa Q. 2401 Walnut Amarillo TX 79107	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.173 Ramirez, Consuelo R. 9000 Poppy Dr Apt 9233 Dallas TX 75218	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.174 Ramirez, Consuelo R. 9000 Poppy Dr Apt 9233 Dallas TX 75218	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.175 <u>Rasor, Aaron R.</u> <u>2030 Clarksdale Place</u> <u>Dallas TX 75228</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.176 <u>Renner, Thomas R.</u> <u>8647 San Fernando Way</u> <u>Dallas TX 75218</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.177 <u>Richardson ISD</u> <u>c.o Elizabeth Banda Calvo</u> <u>500 E. Border, Suite 640</u> <u>Arlington TX 76010</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Richardson ISD	_____
4.178 <u>Riley, Brookelynn</u> <u>4300 Horizon North Pkwy, #426</u> <u>Dallas TX 75287</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.179 <u>Rivera, Anna R.</u> <u>2411 A 87th Street</u> <u>Lubbock TX 79423</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.180 <u>Robinson, Helenus R.</u> <u>18880 Marsh Lane, #2205</u> <u>Dallas TX 75287</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.181 <u>Robles, Brandey R.</u> <u>PO Box 276</u> <u>Royse City TX 75189</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.182 <u>Rochell, Garrison R.</u> <u>14500 Logan Springs</u> <u>Little Elm TX 75068</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.183 <u>Rodriguez, Amy</u> <u>1930 Aspen Ln</u> <u>Garland TX 75044</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.184 <u>Rogers, William R.</u> <u>10575 Old Military Trl</u> <u>Forney TX 75126</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.185 <u>Roque, Michael R.</u> <u>405 Southfork Blvd.</u> <u>Wylie TX 75098</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.186 <u>Sandejas, Rommel S.</u> <u>721 Ambrose Ct</u> <u>Garland TX 75040</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.187 <u>Sanders, Jay S.</u> <u>10020 Kilarney</u> <u>Dallas TX 75218</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.188 <u>Schipske, Heather S.</u> <u>2400 Bluffton Dr.</u> <u>Plano TX 75075</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.189 Script Media LLC c.o Anthony Garza 3333 Lee Parkway, St 460 Dallas TX 75219	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Script Media	_____
4.190 Shuptrine, Judy 543 Wilson Lancaster TX 75146	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.191 Sidney Rodriguez c.o Patrick Wigle 6440 N. Central Expsrwy 1000 Turley Law Center Dallas TX 75206	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Sidney Rodriguez	_____
4.192 Smith, Jaclyn S. 9669 Cr 151 Kaufman TX 75142	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.193 Smith, Jamal S. 7850 Bishop Rd. #1206 Plano TX 75024	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.194 Smith, Lana S. 318 Bayberry Trail Forney TX 75126	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.195 Speck Communications LLC c.o James McCown 15851 Dallas Parkway, Suite 800 Addison TX 75001	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Speck	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.196 Stanton, Monica S. 7709 Harvest Hill Ln Mckinney TX 75071	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.197 Steiner, Ernestina c.o John Wall 5728 Propect Ave, Suite 2001 Dallas TX 75206	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Attorney for - Steiner	_____
4.198 Steiner, Ernestina 1000 PARKWOOD TRAIL MESQUITE TX 75149	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.199 Stevens, Ashleigh S. 5050 Capitol Ave. #260 Dallas TX 75206	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.200 Stevens, Shayna S. 4017 Weyburn PI Plano TX 75023	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.201 Tate, Ashley T. 5610 1/2 Swiss Ave Dallas TX 75214	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.202 Thilman, Michelle T. 910 Woodhaven Lane Garland TX 75040	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.203 Thompson, Shorie 3406 Larkin Ln Rowlett TX 75089	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.204 Tobar, Maria T. 329 S. Barnes Dr. #151 Garland TX 75042	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.205 Tusing, Stephanie T. 130 Warren St Nevada TX 75173	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.206 Van, Thai 2517 Poinciana Pl. Dallas TX 75212	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.207 Villanueva, Chemene V. 2772 Gaston Ave Apt. 1415 Dallas TX 75226	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.208 Walker, Katrina W. 4607 Timberglen Rd. Dallas TX 75287	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.209 Walker, Patricia W. 7104 Garden Laurel Ct. Plano TX 75024	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.210 <u>Watson, Ryan W.</u> <u>716 Horizon Str.</u> <u>Flower Mound TX 75028</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.211 <u>WATSON. CARAWAY, et al.</u> <u>Attn: David Lunningham</u> <u>1600 OIL & GAS BUILDING</u> <u>309 WEST 7TH STREET</u> <u>FORT WORTH TX 76102</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.212 <u>Waweru, Sylvia</u> <u>5711 Preston Oaks</u> <u>Dallas TX 75254</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.213 <u>Wilkowsky, Chandra W.</u> <u>4609 Whitehall Ct</u> <u>Mckinney TX 75070</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.214 <u>Will, Velta W.</u> <u>115 North Star Lane</u> <u>Waxahachie TX 75165</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.215 <u>Williams, Brandi W.</u> <u>1920 Grassmere Ln Apt 1121</u> <u>Mckinney TX 75071</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.216 <u>Williams, Kimberly W.</u> <u>4202 W Hwy 80 #2017</u> <u>Mesquite TX 75149</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.217 Williams, Shannon W. 4116 Pine St Texarkana TX 75503	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.218 Wright, Sarina W. 1125 Esters Rd # 2013 Irving TX 75061	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.219 Young, Kimberly Y. 2809 Tedlow Trl Mesquite TX 75150	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.220 Zokai, Olivia Z. 2406 Wild Cherry Way Dallas TX 75206	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1** 5a. **\$424,128.45**5b. **Total claims from Part 2** 5b. **+** **\$44,099,646.29**5c. **Total of Parts 1 and 2** 5c. **\$44,523,774.74**
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name Forest Park Medical Center, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF TEXASCase number 16-40302
(if known)Chapter 11☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

equipment lease (Debtor hereby reserves any and all rights regarding whether this transaction is a disguised secured transaction or a true lease)

Banc Of America LeasingPO BOX 100918ATLANTAGA30384-0918

State the term remaining _____

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

equipment lease (Debtor hereby reserves any and all rights regarding whether this transaction is a disguised secured transaction or a true lease)

Bank Of The WestDEPT LA 23091PASADENACA91185-3091

State the term remaining _____

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

Sublease

Casas Real Estate Holdings, LLCc/o Jonathan C. Scott100 Highland Park Village, Ste. 200DallasTX75205

State the term remaining _____

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

Income Guaranty Recruitment Agreement for Physician Services

Charlotte A. Hodges, MD, PLLC4207 Live Oak #2212DallasTX75204

State the term remaining _____

List the contract number of any government contract _____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5 State what the contract or lease is for and the nature of the debtor's interest

copier lease dated 2/14/12

CIT Finance LLC10201 Centurion Parkway N#100

State the term remaining _____

JacksonvilleFL32256

List the contract number of any government contract _____

2.6 State what the contract or lease is for and the nature of the debtor's interest

Income Guaranty Recruitment Agreement for Physician Services

Dr. Wade N. Barker, PA,12222 N. Central ExpresswaySuite 300

State the term remaining _____

DallasTX75243

List the contract number of any government contract _____

2.7 State what the contract or lease is for and the nature of the debtor's interest

Hospital and garage lease
Term remaining: approximately 12 years

Forest Park Realty Partners III, LP3030 Olive Street

State the term remaining _____

DallasTX75219

List the contract number of any government contract _____

2.8 State what the contract or lease is for and the nature of the debtor's interest

equipment lease (Debtor hereby reserves any and all rights regarding whether this transaction is a disguised secured transaction or a true lease)

GE Healthcare Financial ServicesPO Box 641419

State the term remaining _____

PITTSBURGHPA15264-1419

List the contract number of any government contract _____

2.9 State what the contract or lease is for and the nature of the debtor's interest

Lease of Tower at 11970 N. Central Expressway, Dallas, Texas

HTA-FP Tower, LLCc/o HEALTH CARE TRUST OFAMERICA HOLDINGS, LP

State the term remaining _____

SCOTTSDALEAZ85254

List the contract number of any government contract _____

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10	State what the contract or lease is for and the nature of the debtor's interest	equipment lease (Debtor hereby reserves any and all rights regarding whether this transaction is a disguised secured transaction or a true lease)	MED ONE Equipment Services 10712 SOUTH 1300 EAST SANDY UT 84094
	State the term remaining		
	List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest	Physician Recruitmant Agreement	SPINE INSTITUTE OF TEXAS PLLC 11970 N CENTRAL EXPWY STE 450 DALLAS TX 75243
	State the term remaining		
	List the contract number of any government contract		
2.12	State what the contract or lease is for and the nature of the debtor's interest	Management Contract	The Management Company at Forest Park Me 2101 Cedar Springs Road, Suite 1540 Dallas TX 75201
	State the term remaining		
	List the contract number of any government contract		
2.13	State what the contract or lease is for and the nature of the debtor's interest	equipment lease (Debtor hereby reserves any and all rights regarding whether this transaction is a disguised secured transaction or a true lease)	Wells Fargo Equipment Finance 733 Marquette Ave Ste 700 Minneapolis, MN, 55402
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:Debtor name **Forest Park Medical Center, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number **16-40302**
(if known)☐ Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.1 David Genecov	11970 N Central Expwy, Suite 270 Number Street	Callidus Capital Corporation	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Dallas TX 75243 City State ZIP Code		
2.2 David Genecov	11970 N Central Expwy, Suite 270 Number Street	Banc Of America Leasing	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
	Dallas TX 75243 City State ZIP Code		
2.3 David Genecov	11970 N Central Expwy, Suite 270 Number Street	Bank Of The West	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
	Dallas TX 75243 City State ZIP Code		
2.4 David Genecov	11970 N Central Expwy, Suite 270 Number Street	GE Healthcare Financial Services	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
	Dallas TX 75243 City State ZIP Code		
2.5 FPMC Services, LLC	11990 N Central Expy Number Street	Callidus Capital Corporation	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Dallas TX 75243 City State ZIP Code		

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.6 Jefe Plover Interests, LTD	16 Wooded Gate Drive Number Street <hr/> Dallas TX 75230 City State ZIP Code	Banc Of America Leasing	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.7 Jefe Plover Interests, LTD	16 Wooded Gate Drive Number Street <hr/> Dallas TX 75230 City State ZIP Code	Bank Of The West	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.8 Jefe Plover Interests, LTD	16 Wooded Gate Drive Number Street <hr/> Dallas TX 75230 City State ZIP Code	GE Healthcare Financial Services	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.9 Richard F. Toussaint	3712 Euclid Avenue Number Street <hr/> Dallas TX 75205 City State ZIP Code	Banc Of America Leasing	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.10 Richard F. Toussaint	3712 Euclid Avenue Number Street <hr/> Dallas TX 75205 City State ZIP Code	Bank Of The West	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.11 Richard F. Toussaint	3712 Euclid Avenue Number Street <hr/> Dallas TX 75205 City State ZIP Code	GE Healthcare Financial Services	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.12 Robert Wyatt	12222 N Central Expwy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	Callidus Capital Corporation	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.13 Robert Wyatt	12222 N Central Expwy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	Banc Of America Leasing <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.14 Robert Wyatt	12222 N Central Expwy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	Bank Of The West <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.15 Robert Wyatt	12222 N Central Expwy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	GE Healthcare Financial Services <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.16 The Management Company	at Forest Park Medical Center, LLC Number Street 2101 Cedar Springs Rd., Suite 1540 <hr/> Dallas TX 75201 City State ZIP Code	Callidus Capital Corporation <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.17 Toussaint Family Partnership, LTD	3712 Euclid Avenue Number Street <hr/> Dallas TX 75205 City State ZIP Code	Banc Of America Leasing <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.18 Toussaint Family Partnership, LTD	3712 Euclid Avenue Number Street <hr/> Dallas TX 75205 City State ZIP Code	Bank Of The West <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.19 Toussaint Family Partnership, LTD	3712 Euclid Avenue Number Street <hr/> Dallas TX 75205 City State ZIP Code	GE Healthcare Financial Services <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	

Debtor **Forest Park Medical Center, LLC**Case number (if known) **16-40302****Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.20 Vibrant Healthcare, LLC	2101 Cedar Springs Rd, Suite 1540 Number Street <hr/> Dallas TX 75201 City State ZIP Code	Callidus Capital Corporation <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.21 Wade Barker	12222 N Central Expy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	Callidus Capital Corporation <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.22 Wade Barker	12222 N Central Expy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	Banc Of America Leasing <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.23 Wade Barker	12222 N Central Expy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	Bank Of The West <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.24 Wade Barker	12222 N Central Expy, Suite 440 Number Street <hr/> Dallas TX 75243 City State ZIP Code	GE Healthcare Financial Services <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	

Fill in this information to identify the case:Debtor Name Forest Park Medical Center, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF TEXASCase number (if known): 16-40302☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$13,228,932.40**1c. Total of all property**Copy line 92 from Schedule A/B..... \$13,228,932.40**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D..... \$4,359,174.56**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$424,128.45**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+** \$44,099,646.29**4. Total liabilities**Lines 2 + 3a + 3b..... **\$48,882,949.30**

Fill in this information to identify the case and this filing:

Debtor Name Forest Park Medical Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number 16-40302
(if known)

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/28/16
MM/DD/YYYY

X

Signature of individual signing on behalf of debtor

David Genecov

Printed name

Chairman of the Board of Managers

Position or relationship to debtor